HISTORY IN THE MAKING

VOLUME XXXV

PALMER

1957

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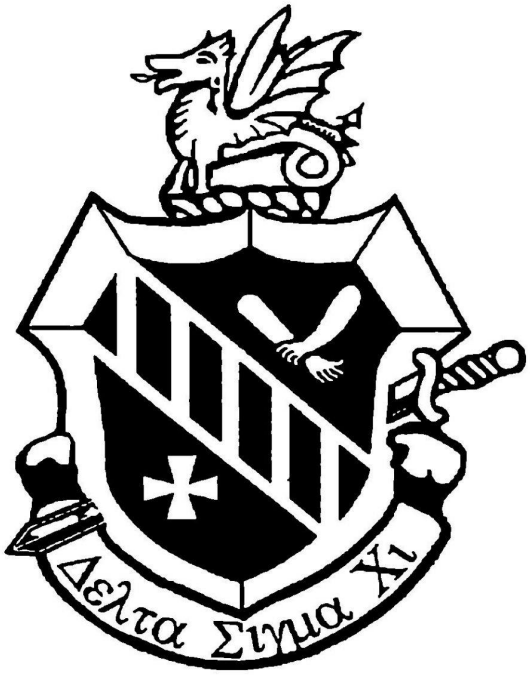

Samuel C. Latimer
Oct 1976

Photographic copy of original Oil Portrait painted by Raymond P. R. Neilson, N. Y. City

B. J. PALMER, *D. C., Ph. C.*

Developer of Chiropractic

"B. J. OF DAVENPORT"

—philosopher, scientist, artist, builder, hobbyist, musician, author, lecturer, publisher, art connoisseur—the bit of a mortal human being whom Innate Intelligence developed.

Oil portrait by Raymond, P. R. Neilson Studios, 131 East 66th Street, New York City.

HISTORY IN THE MAKING

By

B. J. PALMER, D.C., Ph.C.

President, The Palmer School of Chiropractic

CHIROPRACTIC FOUNTAIN HEAD

DAVENPORT, IOWA, U.S.A.

THE PALMER SCHOOL PRESS
Davenport, Iowa, U.S.A.
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WE NEVER KNOW

HOW FAR REACHING

SOME THING,

WE MAY THINK, SAY OR DO,
TODAY,

WILL AFFECT THE LIVES

OF MILLIONS TOMORROW.

It is better to light one candle
Than to curse the darkness.
Get the idea, all else follows!

"The doctor of the future will give no medicine. He will interest his patients in the care of the human frame—and in the cause and prevention of dis-ease."

THOMAS A. EDISON, Electrical Wizard of Menlo Park.

"I think THE GREATEST DISCOVERY will be made ALONG SPIRITUAL LINES. Here IS A FORCE which history clearly teaches has been THE GREATEST POWER IN THE DEVELOPMENT OF MAN and history. Yet we have been MERELY PLAYING WITH IT AND NEVER SERIOUSLY STUDYING IT as we have physical forces.

"Someday, people will learn that material things do not bring happiness and are of little use in making men and women creative and powerful. Then the scientists will turn their laboratories over to the study of God and prayer AND THE SPIRITUAL FORCES WHICH, AS YET, HAVE HARDLY BEEN SCRATCHED. When this day comes, the world WILL SEE MORE ADVANCEMENT IN ONE GENERATION THAN IT HAS IN THE LAST FOUR."

DR. CHARLES PROTEUS STEINMETZ
World Famed Electrical Wizard.

EXTREMES IN MEDICINE

By FULTON J. SHEEN

The spirit of the world, like a pendulum, swings between extremes. Each age is in reaction to the age that went before it. In politics, one speaks of being "right" or "left." But how can there be a right or left, unless there be some object by which to determine the position? That center today is Moscow. When we face it with approval—and that is the present mood of the world—"right" and "left" are one thing; but when we turn from it with disapproval, "right" and "left" are directly opposite.

So, in the practice of medicine, there are extremes. There is a fixed point to determine what is good medicine and what is incomplete or one-sided medicine. That fixed point is the person who is composed of body and spirit. It is a person who comes to a doctor; it is a person who is treated by a doctor. A person is a determinant of his own goals and purposes; is not an automatic response to a planned stimulation; he is a source of responsibilities; capable of making free choices in the light of an ideal; is bigger than the cosmos because he can get it into his head by understanding; and is greater than time because he can transcend it by planning the future. Above all else, he is irreplaceable; there is no substitute for a father or mother, brother or sister.

Being a unity of body and mind, or physical and spiritual, it follows that there are two extremes to be avoided in the practice of medicine. One is to treat the person **as if he were only mind;** the other would be to treat him **as if he were only body.**

The first error would be to treat the mind, and particularly the unconscious mind, as if it were a dismembered spirit, floating around in space. If one adopts this narrow view, one falls into the error of believing that all one has to do to cure is to plunge into the subconsciousness, seize some repressed motivations, analyze them and bring them to the surface.

This is wrong. As the wise Aquinas said: **Anima mea non est ego.** My mind is not my complete personality. There are physiological and chemical factors involved in mental illness. The chemical basis has been proved by Dr. Percival Bailey of the Illinois Psychiatric Institute, and Dr. Linus Pauling, Nobel Prize chemist of the California Institute of Technology. **That biological and perhaps even electrical features are involved** has been suggested by Dr. Stig Akerfeldt of the Nobel Medical Institute of Sweden. Earlier investigations of Dr. Emil Kraeplin seemed to suggest the same as did two papers delivered two months ago at the American Psychiatric Association.

The other extreme would be to assume that the body is a mechanism or only a body, like the body of a guinea pig. Medicine then becomes pathology; the patient is seen as a physical object or a biological specimen. This is apt to become the warped point of view of specialists who interpret the elephant in terms of the trunk. Specialization is apt to warp a total view of the sick part.

Specialization has reached such a state today that patients have to learn to diagnose themselves before they know which specialist to call; and then, when they do, they must learn to confine their ailments to office hours.

—New York Journal American, July 13, 1957

Sickville, Misery.
Sept. 1st, '57.

Dear B. J.:

I have a problem case. He is important in this city. He wants to get well, and so do I.

When can we have an appointment to send him to The BJP-RESEARCH-CC-

(Signed) MOST ANXIOUS, D.C.

YOUR PROBLEM CASE
IS
OUR RESEARCH SOLUTION

FOREWORD

From September, 1895, to this day, Chiropractic has been in constant and consistent flux to solve the mysteries of life, dis-ease, and death, in our search for answers to WHY, WHEN, WHERE, HOW!

D. D. Palmer felt a "bump" in the neck of Harvey Lillard. He corrected what was to him, then, **an unknown factor;** but he got results—the restoration of hearing thru a **then unknown process.**

(For purpose of clarification, what D. D. Palmer did in 1895 was to him THEN an UNKNOWN condition on an UNKNOWN factor; therefore, **his** language used here. Later, WE explain WHAT he did on what he did, using OUR language and understanding of today. Being present, then AND now, we TODAY KNOW what we didn't KNOW THEN.)

From then on, began and has continued an endless searching and researching for answers.

This development has woven back and forth; sometimes some steps were ahead of their time. They didn't fit into the puzzle. Other issues developed were discarded in favor of newer and what we thot better ones, only later to be picked up and put in proper place. Out of time and out of place, we denied; affirmed; dug up, used, and accepted. Parts of some developments criss-crossed with others. No wonder many of our people have said: "Will this man ever anchor, get set, stay put, and quit this everlasting quibbling about what is right or wrong?" Wasn't it always this way with any new principle and practice, especially when it was so broad, expansive, and as important as the seeking for, finding, and adjusting THE cause of the one and only one common and universal dis-ease in human races?

As we retrospect, much that took years can now be told in seconds. Much that came bit by bit, year after year, has been tested and, as improved, older methods were discarded. This always has been the path of the seeker for truth and better ways.

The secret for growth, in the climb upward, is in knowing WHEN to renew some of the old, drop some of the old, and accept all of the new.

We can conceive of no more important movement involving human lives than that of improving quality of thinking and quantity of function in living human beings, realizing all that man DOES

depends upon these two factors; or, to take a popular subject like medicine, believed in by millions for centuries, which fails to get sick people well, and prove it by their own testimonials; and, at the same time, to take an unpopular subject, unknown, ridiculed by many, such as the Chiropractic philosophy, science, and art, which does get sick people well, and prove that on millions of sick lives. That was, and still is, our Big Job ahead of us. With our facts well established, we are on our way.

To be born into an inheritancy and suddenly find ourself in the midst of a crude rational discovery which HAS found THE specific CAUSE of one only dis-ease in human beings, with an internal natural unlimited source of cure; and also find ourself in the throes of developing that premise from a lowly birth to a provable world-wide application of WHAT to do, HOW to do it, WHERE, and WHEN; which makes it possible for the human race to get well if sick, and maintain health if they have it—all such involves possibly THE GREATEST movement and MOST IMPORTANT step conceived for any man to develop in behalf of the welfare of mankind. To convert medical failures into a Chiropractic success has been a gigantic undertaking to fall into the lap of one man.

Only one who has researched a problem can grasp the significance of the ups and downs of a big, broad, practical, and applied research program. In the Smithsonian Institution are over 8,000 progressive globes made by Thomas A. Edison, where he pursued tiresome and exhaustive tests of how to use LESS electricity to produce MORE light. Hour after hour, year after year, night after night, he met failures, only to retrace his step and begin all over again and again.

Only one who has lived and gone thru the agonizing throes of a similar monumental task can understand the fullest understanding of what a developer has to go thru, to be understood and NOT BE misunderstood, especially by those who accept his teachings and can't grasp the intricacies of progress from away below the bottom of all that is medical, and then rise to the greatest height and boon ever given mankind—the Chiropractic ability to get sick people well.

No wonder this man is lonely having fought battle after battle to sustain convictions and carry on against tremendous odds. We do not plead for sympathy or adulations, but for deeper understanding. It is inconceivable that one man has been compelled to endure all this thruout his entire life.

We anticipate, in presenting this talk verbally to the Pre-Lyceum Class (1957), certain misinterpretations, misconstructions,

misunderstandings can sincerely and honestly occur. CERVICAL SUPERIOR adherents MIGHT think we have gone backward to and once again adopted the former meric system, in toto. There are others who might gleefully say "I told you so. I knew he would come to the full spine adjustment again."

To prevent misstatements of our position, we have had this talk printed in booklet form, that it might be studied—article by article—**and properly** pieced together to get a clear, concise, **over-all** realization of WHY we now have modified our former position; WHY we justifiably amended our position on inferior misalignment corrections; and WHY such was brot about by a more complete elaboration of our latest research.

For this reason, we have put this outline into print, that it may be read again and again, to clarify understandings of those members of our profession who MUST carry on this great work.

Chapter I

HISTORY IN THE MAKING

D. D. Palmer studied magnetic healing under Dr. Paul Castor, a magnetic healer in Burlington, Iowa. Dr. Castor was the most famous and successful magnetic healer in America.

D. D. Palmer then opened an office on second floor of an office building in Burlington, Iowa.

He moved to Davenport, Iowa, in 1885, and began practicing as a magnetic healer in the Ryan Block, Second and Brady Streets.

What WAS magnetic healing in those days?

1. It consisted of laying patient on a couch and rubbing entire body, front and rear, head to toe, snapping fingers as though throwing off its aches and pains.
2. One of the FIRST deviations in D. D.'s mind was:
3. "Why rub ALL the body when only ONE organ is diseased?"
4. "Why DRAW OUT sickness, when STRENGTH should BE GIVEN?"
5. With this thot came the imparting of his MAGNETIC STRENGTH INTO BODY OF PATIENT.
6. "Why give his strength to ALL the body; why not give it to THE ONE ORGAN that is sick?"
7. With this thot he changed from all-over rubbing to concentrating ON ONE ORGAN.
8. He placed one hand OVER the liver (for example), other hand UNDER back, UNDER LIVER.
9. Both hands remained stationary.
10. Flowing his MAGNETIC STRENGTH from positive hand TO negative hand; flowing MAGNETISM from HIS body INTO AND THRU LIVER.
11. His "magnetic treatments" consisted of patient lying on couch, back down—he sitting along-side, with hands resting above and below, in 15-minute periods, flowing HIS magnetism for that period.
12. His fee for 15 minutes was $1.00, always cash.
    (His daily account books are in The PSC museum show case.)

13. By noon he was physically drained, exhausted, and tired.
14. He always took a noon siesta, to "recuperate" for afternoon patients.
15. His next step in thinking was: "Why is THE LIVER sick when ALL OTHER organs are not?"
16. "Why does IT need strength? Why is IT weak and sick?"
17. "Where does INTERNAL INSIDE health STRENGTH come from when the liver IS WELL?"
18. "It comes not thru blood, but FROM and THRU nerves, TO liver."
19. "What has occurred or happened TO nerves that carry STRENGTH TO liver in WELL person, that does not carry strength TO liver in a SICK liver?"
20. "If nerves carry strength to WELL liver and not to SICK liver, WHY NOT?"
21. It was about this time that Harvey Lillard came into the picture, with the "bump" in the neck.
22. Father gave **three light quick sharp movements** on that "bump" and Harvey's hearing was restored.
23. Why do WE mention they were "light quick sharp movements"?
24. Because father was afraid to give any heavy shoves, twists or wrenches, thinking he would paralyze Harvey.
25. "What did I do, on that neck, to that 'bump' which restored hearing?"
26. "Did I do something to permit 'strength' to flow THRU nerves TO Harvey's ears?"
27. "This could not be, because anatomists did not connect neck to ears, with nerves."
28. Doubts now entered because anatomists DID NOT AGREE with what he was thinking he did.
29. "Could anatomists be wrong? They MUST BE; otherwise, what restored hearing?"
30. Other "bumps" along the spine interested him from here on in.
31. "If strength came thru NERVES and flowed from within out in WELL liver; and I did something in the neck of Harvey which restored internal strength without giving any of MY strength—just a simple little quick tap—then WHY NOT let the INTERNAL strength do more than I could?"
32. "What was this INTERNAL SOURCE of strength?"
33. "If it WAS INTERNAL in ALL people, why not let IT do the work in ALL people who were sick, regardless of what or where?"

34. Eventually he figured the "bump" in Harvey's neck was a vertebral subluxation and it needed ADJUSTMENT.
35. "But WAS IT a 'vertebral subluxation'? None such was mentioned, taught, or described in ANY anatomy or in ANY orthopedic surgery book."
36. "Have I discovered something heretofore unknown, what IS NEW?"
37. This was followed in due time with occlusion of a foramen, pressure upon nerves, interference to flow of nerve-strength, premise.
38. "If all this IS true, WHY treat effects when internal-strength does it better than I can?"
39. Eventually came the study of Innate Intelligence within, which restored health and life to well people as well as sick ones.

We have recited here in minutes what was a laborious ten-year process of thinking; trying to link, weave, and mold values of one OLD magnetic practice into a NEW principle, finding it difficult to forsake the OLD, and more difficult to accept the untried, unproven, disputed-by-all, NEW premise.

Was this NEW principle better, more right, more practical than all his OLD thinking? His hardest fight was TO CONVINCE HIMSELF IT WAS!

It took ten wearisome years (1885-1895) of doubting, testing, proving, TO CONVINCE HIMSELF HE HAD A NEW PRINCIPLE, NEW PRACTICE, ATTAINING A NEW RESULT, before he yielded to accepting A NEW NAME—CHIROPRACTIC—for this NEW "discovery."

Chapter II

A MISSTATEMENT OF FACT, AND WHY.

On page 137 of D. D. Palmer's book, THE SCIENCE, ART, AND PHILOSOPHY OF CHIROPRACTIC (1911), is a picture of Harvey Lillard.

Underneath, is this statement:

"The above is a likeness of Harvey Lillard, the first person who received a Chiropractic adjustment from the hands of D. D. Palmer.

"On Sept. 18, 1895, Harvey Lillard called upon me. He was so deaf for seventeen years that he could not hear the noises on the street. Mr. Lillard informed me that he was in a cramped position and felt something give IN HIS BACK. I replaced the displaced 4TH DORSAL VERTEBRA by one move, which restored his hearing."

My father was at all times and in all ways an honest man, not given to misrepresentations, evasions, or deceit in anything he said, wrote, or printed. He was factual in all **professional** statements but one—which we here now correct.

We consistently and repeatedly have said it was NOT "4th dorsal vertebra" but was AXIS that was adjusted in Harvey Lillard. Why this discrepancy, this disagreement?

In those early days, there was no mention of "vertebral subluxation" in ANY book on anatomy or orthopedic surgery. It was something NEW, even to my father. All medical books WERE FULL OF DISLOCATIONS. All medical books said that if anything happened in the backbone IT WAS A DISLOCATION, and all strenuously warned and advised against any fooling with the bones OF THE NECK particularly, because TO DO SO WOULD PRODUCE A DISLOCATION AND PRODUCE COMPLETE PARALYSIS OF THE BODY BELOW.

What had father done? Had he set a DISLOCATION? If so, it **was** a dangerous thing to do.

In those early days, father's idea was in stage of growing pains. He did not want ANYBODY to do ANYTHING to NECKS, for fear of consequences. He taught his earliest students, "Stay away from THE NECK because you MIGHT produce paralysis and thus destroy my new work which is just beginning to take shape. If some of you boys should fool around with necks and

paralyze people, you easily could kill my new work before we get it established."

For this reason only, my father covered up WHAT he did, WHERE he did it, to avoid dangers that COULD occur. For THIS reason ONLY, he said WHAT he did and WHERE he did it was "4th dorsal vertebra."

Why do I say it was "the axis"? Because I was there and SAW WHAT HE DID, WHERE he did it—and it WAS the axis.

We since have learned much about cervical vertebral subluxations which **are common** in almost **every** person, which are NOT dislocations; and ADJUSTING THEM BY HAND ONLY is easy and is NOT fraught with danger when done correctly and efficiently.

SPECIFIC THEORY OR KNOWLEDGE?

In D. D. Palmer's book, page 41, we find a terse statement of what his THEORY was:

"If the Chiropractor understands the principles of Chiropractic; if he can locate the nerve—not nerves—impinged on, and knows just what move to make in order to relieve the pressure, he should relieve it and the inflammation at once. If he is able to replace a vertebra and it remains in its normal position, why or how can he keep replacing that which is already in place? * * * To adjust each and every vertebra of the spinal column is simply an impossibility; they cannot all be displaced."

His book is replete with references to "specific" work.

The difference between his advanced THEORY and our work of today, is that step by step we NOW PROVE

(a) WHERE the specific vertebral subluxation IS

(b) WHEN the specific vertebral subluxation IS

(c) WHERE it is not—WHEN it is not

(d) HOW to prove interference

(e) HOW to PROVE exact direction of subluxation

(f) HOW to PROVE exact direction of adjustment.

ALL the things father dreamed about, talked about, and wrote about IN THEORY were ideals he wished he knew HOW to prove.

Today we do JUST THAT by proving EXACTLY what IS occurring INSIDE the body, UNDER the skin, which he had no way of knowing.

As we look back, from today to his day, we began our scientific research where he left off; taking his THEORY and converting it all into A POSITIVE, DEFINITE, AND EXACTING SCIENCE.

Chapter III

PROBLEMS OF PERCENTAGES

Regardless of WHO the Chiropractor was, at ANY period of OUR history, he ALWAYS got SOME sick people well if WHAT he did, somewhere, some way, was on the living human backbone.

The FIRST case was 100 per cent with Harvey Lillard. From then on, the percentage was low. From time to time, national polls were taken of field practitioners—"What success have you had with so-and-so?" The percentage was anywhere from complete failure to a fairly high percentage, depending upon skill at being **a good guesser.** These polls had little value because few used similar methods. Science needs SPECIFIC data, based on SPECIFIC adjustments at SPECIFIC places, in all-exclusive and all-inclusive ways. Different methods, different ways, different places, on one named disease means little in establishing a scientific research fact.

The problem was not to deny that EVERY Chiropractor got SOME cases well. Our problem was to find THE RIGHT method for location of adjustment, RIGHT time, RIGHT way, proving its logical application to STEP UP THAT PERCENTAGE, remembering there is a certain low percentage of imponderables no man could overcome, such as old age, too long standing, too far gone, whether the case stayed with us, USING NO OTHER METHOD to defeat our purpose.

Our profession always has had "technic peddlers" who roamed from state to state, selling new twists, here or there, this or that way, making boastful claims for what THEY had to sell. Many were old dug-up experiments. We have developed over 250 such, each one a step-by-step process of researching, studying why, how, where, why we failed or succeeded, endeavoring to increase the percentage.

With 24 movable vertebral units, the solving of its solutions should be simple. It was baffling for its geometrical percentages were endless. One by one we researched. Year by year we kept stepping up our percentage. Our ultimate was:

(a) to find HOW
(b) to explain WHY
(c) we DID step up our percentage of successes
(d) by REDUCING percentage of failures

(e) ESTABLISHING constants
(f) by ELIMINATING variables
(g) so such methods COULD BE taught
(h) so others COULD DUPLICATE what we did
(i) as WE did it
(j) TO PROVE the highest percentage of results
(k) on WORSE cases
(l) getting well QUICKER
(m) at LESS COST to patient
(n) and KNOW what we did
(o) as we DID it,
(p) keeping it SIMPLE AND SINGLE in character
(q) WITHIN the purview of THE ORIGINAL Chiropractic principle and practice
(r) WITHOUT injecting ANY OTHER contradictory or antipodal principle and practice
(s) RETAINING elements that proved themselves
(t) casting off THOSE that failed.

(The 'timpograph, which we mention later, did more TO PROVE many solutions than any other research process. IT alone solved nothing; it merely PROVED WHEN we did and WHEN we didn't, whether what WE DID did or did not restore more normal, natural flow of mental impulse supply.)

LEVELS VARY

We have thousands of professional true-and-tried adherents. They follow every progressive step we make. Millions of lives have been prolonged and actually saved from early graves, all of whom are devoted to us professionally. These are not "yes" men, but those who use same logic, reason, and facts of research we do.

When we grasp the importance of this world-wide service and think of millions WE SHOULD BE serving, we wish instead of having a few thousands in our work we should have 200,000 in the United States alone, let alone the rest of the world. From this aspect it is depressing that our profession does not send our schools more students to carry on and follow in THEIR footsteps, who could DO MORE to relieve MORE suffering, restore MORE sanity to MORE insane people who injure the destinies of so many.

This research program itself was the work of a corps of assistants. However, in addition to the struggles to inculcate this health service, we were confronted with endless legislative and legal battles to preserve it in its purity for posterity, often finding ourselves hemmed and hedged, supported by antique educations of centuries, backed by laws everywhere to protect a popularly accepted, most powerful, incompetent trust. This group foresaw the dangers that IF WE were right, THEY were riding for a failure-fall with rapid decline in popular favor, and should be forced to

deny many centuries of experiments.

All is not a bed of roses within the life of any man who undertakes a task of bettering the welfare of mankind. Behind the scenes, he is surrounded by two groups

(a) those who follow his lead, support him in every way, not by emotions, passions or prejudices, but by logic, reason, and facts of research.

(b) those who use little, compromising, diluting, taking the paths of least resistance, yielding to patient and economic pressures, thinning out the essence of his work. These people follow their ancestors.

All this has been done from scratch, on a very thin financial shoestring; from a crude, unknown, belittled and questionable THEORY, open to serious doubts whether right or wrong, to the establishing of

(a) a school teaching others to carry on this work
(b) with over 1,000 students in personal attendance
(c) with a curriculum of instruction in excess of that of medical colleges
(d) to the building of a one-million-dollar research clinic
(e) testing this **questionable theory** or **actual problem sick people**
(f) with large acreages in Palmerton, and Clear View Sanitarium for mental cases
(g) blocks of properties, with reinforced buildings
(h) with a $300,000 chemistry and dissection lab building
(i) from cheaply constructed wood shanties, erected by student donated labor,
(j) cramped as we were in what we wanted to do, with poor facilities to do it in,
(k) deflecting and turning many defeats into victories
(l) until we graduated the great bulk OF ALL practicing Chiropractors from then until now
(m) who have spread the gospel over the world
(n) successfully weathering each successive storm
(o) developing a firmly established research program of scientific data
(p) these and many more projects built with pennies to prove it works when worked
(q) which, compared to the many millions of dollars given, donated, bequests, endowments given medical colleges, medical hospitals, to research in medicine, to again and again admit failure all because of the difference in fundamentals in principles and practices.

It is difficult to conceive all this took place within the span of ONE man's lifetime!

INNATE

INNATE built our human living bodies. INNATE knows HOW to build them. INNATE drew the blueprints, organized every organ, assembled them, started and keeps them running. INNATE put life into each and all of them. INNATE knows how to economically put together all parts and how to keep life existing in them. INNATE directs, regulates, governs, and controls **all** function in **all** organs, in **all** bodies, **all** the time. INNATE has duplicated this spiritual-electrical-mechanical-chemical machine millions of times, always from the same mold and pattern. INNATE knows when something is wrong, where, how much, how such needs rebuilding and how to do the same.

INNATE is the ONE eternal, internal, stable, permanent factor that is a fixed and reliable entity, does not fluctuate up and down scales to meet idiosyncracies or caprices to puff the ego of educated theorists or doubting Thomases, or to violate its own self-made laws.

The same internal natural intelligence which knows when to sneeze, to blow your nose, urinate, or defecate, blink your eyes, how to heal a cut or mend a fractured bone, raise a blister when skin is burned, grow hair, finger nails and toe nails, tells you when you are thirsty, hungry, tired, and sleepy, that causes you to scratch when you have an itch—this and more is the same capable INNER VOICE that is capable of getting any sick organ well.

The study of more than 25,000 osteological specimens in our Osteo Lab is to see the past record of what INNATE once did, how, why, where, and when. Osteology is to human behavior what geology is to the study of strata of the history of the world; what archeology is to the study of peoples who once lived here; or what anthropolgy is to the study of its living creatures.

Pursuing our research, we constantly tried to think as INNATE did think in those specimens; what INNATE exhibited as prima facie evidence; and to interpret all living activities as INNATE delineated itself. If we knew all INNATE knows, we could be the sage of the age, know more than we do; much of which we think we know would be discarded as false, unwise, and unjust to millions of human beings in which Innate lives.

That Osteo Lab is an encyclopedia, every specimen a book, every bone a chapter, artifacts which tell histories. Studying INNATE is more important than accumulating an artificial, external education which has been side-tracked and diverted into wrong channels. Where could we find a more competent teacher of man, for man, than THE pattern-maker, THE designer, THE builder, THE molder, THE welder, THE assembler, THE timekeeper that makes man tick?

Chapter IV

PALPATION

Feeling for irregularities, bumps, spinous processes, bent right or left—superior or inferior, anomalies of cartilaginous ossification.

General adjusting thruout full length of spine, wherever such was found, which we called "subluxations."

Hot boxes. Back of hands, seeking hot spots, trying to discriminate between real and false location.

Gliding finger, on sides of transverse processes, locating taut and tender fibers. Another way of trying to discriminate between true and false.

TESTS IN PALPATION

One of many tests, to prove inaccuracy of reliability of palpation in a universal referral sense, or in an office procedure from day to day, is this:

In one certain Lyceum we had 200 **experienced** field chiropractors who had been practicing under the palpation system some for many years, some less.

Here was our test:

We had 100 stools arranged systematically in rows. On each we had one chiropractor acting as patient with entire back exposed, full length. Correspondingly we had 100 chiropractors acting as palpating doctor, one to each patient.

Director of this test, went from patient to patient, and with skin pencil, marked two different lines on patient's back, opposite two different vertebrae, no two alike.

To each doctor was given a printed slip on which was listed 100 places for 100 patient's listings he palpated.

(a) Patient No. ?

(b) my palpation lists the two as, then he was to name the two vertebrae he palpated opposite those two lines.

After palpating patient No. 1, chiropractor No. 1 moved on to patient No. 2, and so on until he had 100 listings listed of what he palpated.

After each of 100 had palpated each of 100 patients, then entire group was reversed; patients who were down were up, and chiropractors who were up, were down.

At end of this test, comparisons were made of palpation listings.

THERE WASN'T ANY ONE OF 200 TESTS MADE WHERE ANY ONE CHIROPRACTOR UP AGREED WITH THE LISTINGS OF ANY OTHER OF THE 200 CHIROPRACTORS UP, yet ALL HAD SAME LINES FOR PALPATIONS. Some had as low as 6th DORSAL listed as 4th CERVICAL. Two, 3 4 or 5 off was common.

The test was TO PROVE that, if the chiropractor relied ON PALPATION ALONE, he could be in serious error.

After this test, we took a 15 minute recess, then went back to original ups and downs, also reversing them. Printed slips were passed out as before. Same marks were left where they had been originally. SECOND SET OF LISTINGS OF EACH PERSON WERE THEN COMPARED WITH FIRST SET OF LISTINGS OF SAME CHIROPRACTOR WITH SAME PATIENT. There was less than 2% agreed (out of 100) second time with his first time listings, on same patient, 15 MINUTES LATER.

If there was this great discrepancy **within 15 minutes,** what would there be if he relied on memory to locate HP, SP, LUP, KP, etc., merically, NEXT DAY especially if he had to rely on memory to FIND THE SAME **EXACT** SUBLUXATION FOR ADJUSTMENT MERICALLY SECOND DAY AS FIRST and the only way he could do this was by palpation, with his fickle memory at work, as well as his inaccuracies of palpation to rely upon.

There is nothing that substitutes for GRAPHING OF records for accuracy.

NERVE TRACING

FROM spine TO organs; organs back to spine, which disproved the sympathetic nervous system—now called the autonomic system—with its 128 ganglionic chains of independent brains, independent of the encephalon, which eventually brot forth the direct brain-cell-to-tissue-cell continuity of nerve fibers, carrying a continuity of mental impulse supply from Innate and Educated brains to specific organs in body, with each direct continuity fiber carrying its quota of mental impulse supply direct from mind to function, rather than thru a relay system of reflexes.

Purpose? To unite place of exit of nerve trunks from between vertebrae, or nerves as connected to organs, from organs back to entrances, to establish an efferent and afferent system.

Why? Because **we thot** this would pin-point location of subluxation to and from definite organs.

After tracing living, sensitive, feeling fibers, differentiating normal from abnormal feelings as felt by the patient direct, we took hundreds of fotografs of typical cases, showing definite paths of each type, and published them in our Vol. 13.

PIT CLASSES

Actual cases, in daily classes.

Case histories—not for symptomatology or diagnosis, but to ascertain **which** organ, where located, was abnormal, to hook it up with exit or entrance of **its** nerves at spine, to know **where** to adjust.

Analysis of **cause,** rather than diagnosis of symptoms.

MERIC SYSTEM

Nerve tracing made possible a definite series of paths of exits and entrances of nerves between organs to spinal column direct.

After tracing digitally on thousands of cases, providing the systematization of such zones or meres of the spine with certain organs that were sick, we issued Volume 22 pictorially proving AN UNKNOWN NEW distribution of physiological neurology:

—osseomere, vertemere, neuromere, viscemere, etc.

In dissectional anatomical break-down information, all one sees are inactive, inanimate nerves and spinal cord. In microscopic study of ganglionic matter, so minute is the continuity of minute fibers that it is impossible to prove that these are dendrites which end or start **within** them. There is a distinctive difference between an ANATOMICAL nervous system and a PHYSIOLOGICAL nervous system. One deals with substance alone; the other with what that substance does, what abstract mental impulse flows THRU it, and how it does it. It was THIS differentiation **between reflexes thru** dendrites in ganglia WE made in nerve-tracing the paths of **a continuity** flow of mental impulse supply between Innate and function, brain and body. (This complete research study was printed in one of our early volumes. This work is now out of print.)

Having definitely located this **physiological** system of nerve distribution, we then zone-mapped the spinal column according to distribution, naming certain places in the spine according to the organs to which those nerves went, such as—HP, LuP, SP, KP, etc.

MAJORS AND MINORS

—a deduction of separating the most vital organic conditions from those of lesser importance to prolonging life

—adjusting only the major first, letting the minors come later to permit Innate to concentrate reparation on the most vital

—an individual with chronic rheumatism, for example, could live many years

—another individual with an acute tuberculosis of lungs, or an acute condition of heart, might live a much shorter time

—our daily pit classes, with actual cases, ascertained these facts

—we then judged which to adjust FIRST, leaving rest for later.

SEROUS CIRCULATION

Serous Circulation is the course of fluids through the body of an organism, conveying nutritional elements to cells and carrying away from them their used and waste products.

Water circulates through all organisms, from a cell body to greater organisms composed of cells. Plants draw water from ground through roots, pass it upwards through trunks or stems to branches, to leaves, where it is evaporated into air. In this manner, it carries nutrition to all parts of the plant, and, leaving the plant, carries with it certain products no longer usable in the plant. An animal organism takes water into its body. It circulates to all parts of that body, carrying to cells food, oxygen, and other chemical elements. Leaving the body, water carries heat, carbon dioxide, and other used chemicals. Uncombined water, then, is the vehicle for metabolism. This circulation of fluids from environment through the body and back again to environment is the Serous Cycle.

It has been estimated that it requires about seventy-two hours for a complete cycle. That does not mean all water taken into the body follows same channel, and all of it requires seventy-two hours in the body. Some gets back to environment sooner than that, while other amounts may be in the body for a longer time. Water is taken into the body through the digestive tract, and leaves the body through the kidneys, skin, bowels, breath, etc.

The body of a man averages about sixty-seven per cent water; rest is solid matter, mostly proteids. This percentage is kept constant with great nicety, by balancing intake and outlet of water by Innate Intelligence. If more water is taken into the body than is usable, there must be elimination of it, to keep percentage constant. If insufficient water is taken into body to keep percentage constant, there will be abnormal dryness, and cells will suffer from lack of a vehicle to carry nutrition and waste materials. From this, it is seen that the "condition" of tissue cells depends much upon normality of organs concerned with maintenance of the Serous Circulation.

From a symptomatic, pathological and poison dis-eased study, this development we consider one of the most far reaching in the study of effects.

When it is realized that we are dust and water, mixed, making organized organic structures, and about 72% of diseases are

based on solids in solution, as acids or alkalies, essenced or diluted, it can be understood how such a study gives us a better understanding of our make-up.

This study has nothing to do with cause or its adjustment. One can be totally ignorant of these fluidic conditions and still get sick people well. Innate knows all about the necessity of a fluid balance, locations of such, how much they should be when properly located and distributed.

(This study is fully explained and illustrated, Vol. IX, p. 317, and Vol. II, p. 260.)

Chapter V

1910—SPINOGRAPH (SPGH)

Original purpose—to verify, prove, or correct digital palpations.

—found we were in error from 50 to 85 per cent, depending on person.

—bent spinous processes, abnormal cartilaginous ossification, etc.

—could not convince our faculty a crude machine could be more accurate in analysis than their sensitive, feeling, thinking fingers and minds.

These corrections eliminated much over-adjusting.

This brot about one of the early conflicts with our faculty, some of whom refused to admit proven facts, refused to permit it to be taught in the school, which forced us to put it on as a special extra-curricular class for an additional fee, which many practitioners came to get, who later turned the heat on these faculty men, some of whom resigned.

Spinograph gave us **inside visual** information which we could not feel accurately from the external. It proved two points:

—(a) misalignment

—(b) occlusions of foramina

It establishes a difference between subluxation and misalignment.

HUMAN VARIABLES IN SPINOGRAPHS

Average chiropractor lets a case lie on table or sit on stool any way he wishes

—never twice alike—one way today, a different variable position tomorrow.

—in this way no two different sets of spinographs are comparative

—to obviate this, we calibrated every step in the technic of posture

—every part of our chair, table, or tube holder is calibrated

—the Thompson head clamp is also calibrated

—first day, posture is made a matter of printed record

—which can be exactly duplicated on post-check sets

—so we can overlap one set over a subsequent set for different color drawings for each set

—for comparisons to prove changes in corrections

—of the superior cervical adjustments of subluxations, or

—the inferior vertebral corrected misalignments

—by being accurate, we established **a posture constant** of each case.

NEUROCALOMETER (NCM)

—spinograph portrayed THE VISIBLE concrete locations and positions of vertebral subluxations and misalignments

—NCM produced evidence OF THE INVISIBLE two factors, the abstract pressures and interferences

—resistance to normal flow of mental impulse supply, excess heat, etc.

—this did not necessarily disprove our local hot box, taut and tender fibers, meric system, majors and minors

—but it did prove WHERE actual locations of these factors were and were not

—WHEN such were and were not

—BEFORE and AFTER adjustment or correction

—whether it WAS an adjustment or just a push, shove, squeeze, or punch in the back

—which did or did not release pressure and restore transmission of mental impulse supply.

The NCM was another of those progressive conflicting issues between some of our faculty and ourself. They refused to test the NCM to prove that it was right or wrong, or did and did not do what we claimed. They had **closed** minds. Some of them even went so far as to slyly and sneakingly belittle it in classes, as a justification for why they did not endorse, support, and use it. They praised the meric system by preference. With this conflict in students' minds, we found it difficult to sell NCMs to help support the school, to help bring income, to pay their salaries.

We had to decide either to drop it, to keep them, or to go forward with its endorsement at the expense of losing them. Pursuant to our consistent policy down thru the years, if, as, and when we became fully convinced that a step upward WAS SUCH, we defended the NCM in OUR classes to their embarrassment. Eventually, three of them resigned, starting another school, using the popular phrase: "We teach the old reliable palpation, meric system," and even today they teach NO philosophy which answers the always present eternal questions involving "why" this or that for anything and everything they do, and "why" they should not do certain things certain ways.

THEY DENIED CHIROPRACTIC

One chiropractic college saw fit to dispute the possibility of a vertebral subluxation, producing pressure, interfering with nerve force flow, as THE cause of dis-ease, contending the intervertebral foramina WERE SO LARGE and the NERVE SO SMALL that no pressure WAS possible.

Why a chiropractic college should deny **the** fundamental on which CHIROPRACTIC was premised is beyond understanding. If this issue **remained** unchallenged, CHIROPRACTIC at tap-root was denied. In THEORY we proved such because cases GOT WELL. In SCIENCE, somebody had to prove this statement right or wrong. Who else but ourselves could or would?

After seeking places in America, we were compelled to go to the Spalteholtz Labs in Dresden, Germany, to prove or disprove our foundation principle and practice.

There, we raised this question: "With a vertebral subluxation, can there be SUFFICIENT occlusion, with SUFFICIENT pressure upon nerves, which **could and would** interfere with quantity flow of nerve force thru the intervertebral foramina?"

This was A NEW question IN SCIENCE, neither proved or disproved, altho denied by medical men. Drs. Spalteholtz, Guenther, and Mueller accepted the challenge. This was THE FIRST time THIS question ever had been anatomically and physiologically raised **in any lab,** and particularly in this greatest of all world-wide research labs.

We proposed proving it on cadavers. We were promptly told this approach would prove nothing, because:

(a) bones, being the hardest substance, DO NOT shrink
(b) brain and nerves, being the softest body substance, DO shrink
(c) 40 to 50 per cent within 24 hours after death
(d) upon death, bodies are embalmed in formaldehyde, which further shrinks them
(e) cadavers are dissected in rotation, some as long as 18 months after death
(f) by that time, bones have shrunk less than 1 per cent
(g) brain, spinal cord, spinal nerves as high as 85 per cent
(h) thus, dissection COULD NOT prove the answer we needed.

There was only ONE way this question COULD BE answered:

(i) thru quick deep-freeze process IMMEDIATELY AT DEATH
(j) special permission from the German government was necessary to do this work on such bodies
(k) this made possible sawing out frozen sections AT ONCE before ANY shrinkage COULD take place
(l) this we did
(m) our quick deep-freeze process on many bodies proved

brain FILLED cranial cavity; spinal cord FILLED neural canal; dessicated nerves FILLED intervertebral foramina

(n) therefore ANY sufficient occlusion COULD produce pressure and interference with normal quantity flow of nerve force

(o) this was THE FIRST TIME this problem had been SCIENTIFICALLY proven

(p) the Spalteholtz Labs then issued a report on their findings, proving Chiropractic was **scientifically** premised

(q) from the date of the publication of this Spalteholtz Report, the medical profession has NOT denied this anatomical and physiological conclusion of the Chiropractic premise

(r) it cost us $5,000 to clarify **this one** disputable question.

(The one wet specimen in The BJP CC Osteo Lab, and fotografs of this work, are in a special frame. We suggest you study these at your convenience.)

AN EXPLANATION

In D. D. Palmer's book, THE SCIENCE, ART, AND PHILOSOPHY OF CHIROPRACTIC (1911), page 322, we find this statement:

> "I HAVE NEVER FELT IT BENEATH MY DIGNITY TO DO ANYTHING TO RELIEVE HUMAN SUFFERING. The relief given BUNIONS AND CORNS by adjusting is proof positive that subluxated TOE JOINTS do cause disease."

Frequently, we find FIRST sentence ONLY, quoted, which, by itself, makes it appear that D. D. Palmer believed in and practiced "ANYTHING to relieve human suffering," such as air, light, heat, water, diet, exercise, vitamins, food supplements, physiotherapy, naturopathy, colonic irrigations, massage, ad infinitum, ad nauseum. The motive of quoting ONE sentence, **apart from** its text, pretext and context, is to think others justify things THEY do by what D. D. Palmer did NOT believe in and DID NOT do.

This entire article, like **entire paragraph** quoted, is in relation to the title of **the entire** article, "CORNS AND BUNIONS."

It is true, in D. D.'s early days he did what he says in this one entire article. He did NOT go beyond THAT as the single sentence used is intended to imply.

In those early days, when the word "CHIROPRACTIC" was unknown, it was often associated with "CHIROPODY." People used to come to his office to have "corns and bunions cut out," etc. To keep CHIROPRACTIC from being confused WITH CHIROPODY, he eventually dropped "corns and bunions."

The balance of his book—1007 pages—is full of pungent and sharp criticisms of people who called themselves Chiropractors who DID "DO ANYTHING" else but.

We offer this explanation in justice to D. D. Palmer to prove

the injustice of others who twist one sentence to imply something HE didn't mean.

That first sentence is carved in the granite base of a monument dedicated to father at his birthplace at Port Perry, Ontario, Canada. **The motive** of so doing was as above stated. If he were here he would rebel and denounce such implications.

CONTINUITY, BALANCE, AND UNITY

CONTINUITY, as applied here, means a CONTINUOUS circuit of MATTER, FROM brain cell, its extension into brain-fiber, TO efferent nerve-fiber, there to expand itself into a tissue cell; and then return afferently into a nerve-fiber, returning TO its co-responding brain cell.

Thru this CONTINUITY of matter, under normal and natural conditions, there flows a CONTINUITY of mental impulse nerve force flow FROM brain thru nerve fiber TO tissue cell; FROM tissue cell back TO brain cell; flowing EFFERENTLY as energy to MOVE matter into function; flowing AFFERENTLY as impression to be interpreted as sense feeling.

When QUANTITY of mental impulse, in flow, is EQUAL TO QUANTITY of matter, both performed into one composite UNITY, both efferent and afferent, then there is A PERFECT BALANCE OF IMMATERIAL WITH MATERIAL. When THIS exists, there is a CONTINUITY OF LIFE, HEALTH, FUNCTION, MOTION, AND SENSE PERCEPTION.

To UNBALANCE this BALANCE is to produce DISunity creating dis-ease.

WHO knows exactly what this balance is in the immaterial or material? Education? No! Innate? Yes! Once any obstruction, impediment, pressure upon nerves IS released, Innate WITHIN will establish what IT ALONE knows to be the balance, then health is re-established. ONLY INNATE KNOWS what par is in the abstract and concrete. Educated man cannot ARTIFICIALLY AND EXTERNALLY force this balance. Only Innate INTERNALLY AND NATURALLY can.

CONTINUITY fiber, brain cell via spinal cord, spinal nerve, to tissue cell

—tissue cell, spinal nerves, spinal cord, back to brain cell

—a continuity Innate immaterial and nerve material circuit, efferent and afferent

DIFFERENCE BETWEEN physiological and anatomical pressure and interference location.

We cite an example:

—appendicitis, hot, 104 degrees

—hot at SUPERIOR specific point of interference

hot at POINT OF EXIT at 2nd lumbar enroute to appendix

—hot at APPENDIX

Is it hot **all along** path of fibers in spinal cord BETWEEN atlas ABOVE and exit of fibers AT second lumbar?

ADJUSTMENT ABOVE releases pressure, restores normal heat AT THAT POINT

—restores normal heat AT EXIT at 2nd lumbar

—restores normal heat IN APPENDIX

It must restore normal heat ALL ALONG PATH of continuity fibers BETWEEN location of pressure above and below TO location of exit at 2nd lumbar.

NCM located interference-heat at atlas; we could pick up reading AT EXIT of this nerve at 2nd lumbar, enroute to appendix.

—there is no known way we know of to prove heat fibers are hot BETWEEN atlas TO exit at 2nd lumbar except thru results attained.

—in dead people such proof is not possible.

—in live people it cannot be proven.

PROOF of the continuity fiber system, in contrast to the sympathetic-128-ganglionic-reflex theory of function, is that we do adjust at atlas or axis AND DO restore a continuity flow of mental impulse supply to **every** organic structure, normal and abnormal, in the living human body. This would not and could not be true if function were reflexed from one ganglion to another.

The **physiological** proof denies **anatomical** observations because the living dis-ease and restoration of health is so obvious and other is so minute the ganglionic reflex paths cannot be detected or dissected in living OR dead bodies.

Chapter VI

TESTS WITH NCM

With groups of different students, from 5 to 10, differing the groups from time to time, we tested their ability to produce a UNIFORM series of readings.

With patient A, wherein the subluxation was always the same, the occlusion the same, the pressure upon nerves was the same, the degree of interference was the same, the resultant heat-break reading was the same, using the same NCM, we asked each student to read this SAME case and then draw with pencil on paper, what he saw. With IDENTICAL condition, NO TWO READINGS WERE ALIKE.

WHY this variance? It wasn't the facts under study or observation. It WAS in the variables in the individuals. No two sets of eyes saw alike even tho the NCM needle WAS delivering the SAME information.

What was the solution? Accentuate the positive, eliminate the negative. How? Eliminate the human variable factors by shunting the reading direct FROM patient THRU NCM to a NEUROCALOGRAPH which automatically recorded and graphed the EXACT SAME reading. NOW WE GOT THE SAME READINGS, from ALL involved, proving that graphs are more accurate, reliable and stable than are the eyes, minds and memories of fluctuating human beings.

In addition to having a comparable AND EXACTLY THE SAME READINGS, we had a graphed record that could be referred to day after day for comparisons of changes taking place. These graphs could be exchanged from one chiropractor to another, without the variables of descriptive words, but there in permanent form for the eyes of all to see alike.

HUMAN VARIABLES IN NCM READINGS

In repeated large group class tests, we found

—average person DID NOT SEE all that NCM needle delivered

—his mind DID NOT REGISTER all he looked at

—his memory WAS AT FAULT from day to day, case to case;

—hence the NCGH was a necessity to do what the individual couldn't.

We shunted NCM readings direct FROM eye reading TO graph recordings.

We no longer had many unreliable variables of human beings.

We found that if his office was crowded and patients were waiting

—his gliding speed of reading with NCM was **too rapid**

—when read **too fast,** it made break line heat readings into mean line heat readings

—in this event he DIDN'T ADJUST when he should have, or

—when he had only one patient and plenty of time

—his gliding speed of reading with NCM was **too slow**

—when read too slowly it made mean line heat readings into break heat readings

—in this event he ADJUSTED when he shouldn't have.

To overcome THESE human variables, we developed the NTP —neurotempometer

—which held the NCM in a traveling arm

—altho directed by hand of the technician

—it glided upward at **a set** speed—no faster, no slower

—each day, each case, exactly alike

—no matter how busy or how slack his office, he could not change this speed of travel

—its speed **was synchronized** with same speed of travel

—with NCGH recording sheet on which recording was made.

Now we had a reliable mechanical constant, eliminating human variables.

We also found that with the human-hand, pistol-like grip

—where first finger is much closer to one detector than other

—that detector got warmed quicker, and stayed so, than the other

—this produced an artificial variable reading between two detectors

—which was not ascertaining A TRUE lateral comparative heat reading

—the longer we held and used one NCM that way on more cases, the more unreliable it became.

To eliminate **these** variables

—we had more than one NCM at our command

—we had a coiled cooling unit in our NCM cabinet on which we kept the NCM's

—thru this coil was pumped our well water at 54 degrees

—we keep changing from one NCM to another

—always having a fixed, normal duality of cool detectors to make constant readings with

—at end of each day's recorded readings, they are assembled in case file of each case

—where daily constant comparisons are possible in a review of the progress made.

OUR FREQUENCY OF ADJUSTMENT OR CORRECTION TALLY

In NCM-NCGH reading booth is a printed card for each case

—each day case is read AND ADJUSTED, a check is made

—if an adjustment, or correction, is given, a red "A" is marked

—in this way, we tabulate frequency of adjustments given every case.

CORD PRESSURES FOLLOWED

Check-outs below followed

Study of cases proved results from upper specific cervical adjustment

—here is where we made one mistake

—because results were thus attained in so many cases, in like manner

—we concluded there was only ONE place pressures and interferences along entire spine where there could be a subluxation —occipito-atlantal-axial area.

WHY?

Because of inter-articulatory, osseous locks at all places below inferior of axis.

We believed **then** this proved a difference between a causative SUBLUXATION above and MISALIGNMENT effects below.

SHIELDED AND GROUNDED BOOTHS

People who were sick certain ways, certain organs, in certain relative and comparative degrees, allowing for time to grow them worse.

If this was true with symptoms and pathologies, it was true with **certain** degrees of pressures, on a **certain** number of fibers, interfering with a **certain** relative degree of loss of function, which should establish a comparative **certain** pattern which was more or less fixed in its stability in each case.

We were unable at first to establish a pattern constant

—because of many variables which externally and artificially fluctuated that pattern in our NCM readings from hour to hour, day to day, in all cases.

To establish this pattern, for each **must have** such,

—we eliminated infiltrations of **external** variable energies which gave artificial variable readings

—by shielding out all Hertzian, electrical, radio, TV, magnetic north and south pole waves

—in our shielded and grounded booth there was no polarization

ALL LABS WHERE HUMAN FLOWING ENERGY IS READ AND RECORDED IN THE BJP-C.C., ARE SHIELDED AND GROUNDED.

—to build an ACCURATE record of every step in seeking information

—our NCM-NCGH reading booth

—which also includes our heart-beat recorder
electroencephaloneuromentimpograph
lie—or truth—detector.

NEUROCALOGRAPH (NCGH)

Full spine pre and post readings

—adjusting ONLY superior specifics

—graphing readings left nothing to memory of man

—to see what occurred to all inferior readings

—allowing for TIME to rebuild out chronic readings below.

BECAUSE OF reduction and/or elimination of practically all inferior readings, without being adjusted below at all, we then thot the ONLY place for interference was above.

Later, we were to change this conclusion, **in part.**

ADAPTATIONS OF OSSEOUS LOCKS

A study of spinal columns of comparative vertebrata proves an adaptative evolution from 400 vertebrae in snakes slithering on bellies to 24 vertebrae in upright man, in which definite osseous articulatory locks occur in transitions, taking place from snakes, to semi-upright apes, to upright man, from horizontal to perpendicular.

—that there has been and IS an evolution taking place in osseous articulatory locks is observant in the study of hundreds of atlases and axes, in our Osteo Lab in which most are usually normal, occasionally one or the other having actual locks existing now.

—osseous locks are more prominent as changes occurred from quadrupeds on fours to man on twos

—given time, from carrying weights on backs, to carrying weight of head above, at some future day there MAY BE locks occurring **in all** bipeds between occiput and atlas, atlas and axis, to 3rd cervical

—all vertebrae **below** inferior of axis ARE NOW locked against anterior, posterior; right or left; inferior possibilities of subluxations

—they do move in any or all directions WITHIN those locks

—if any one is outside those locks, it is a fracture or dislocation

—misalignments can occur WITHIN THESE LOCKS BETWEEN ALL VERTEBRAE

—a series of misalignments of several vertebrae, within those locks, can pathologically produce a curvature

—a series of misalignments of several vertebrae, within those locks, permits normal adaptative curves in extension, hyper-extension, rotation; flexion and counter-flexion

—a study of the spinal column OF MAN proves there are no osseous articulatory locks between occiput and superior of atlas

—between inferior of atlas and superior of axis

—except that all of atlas cannot move ENTIRELY POSTERIOR against axis because of the lock of the odontoid process

—but atlas can rotate beyond normal range circularly **around** axis

—outside of that, atlas CAN BE subluxated either right or left

—superior or inferior, on one side only

—anterior or posterior, on one side only

—alternate side going reverse direction or various combinations thereof.

JIG-SAW PUZZLES

Human research is like a jig-saw puzzle of zig-zagging between education and Innate, struggling from nowhere to somewhere. All pieces are there, Innately, existing INTERNALLY, but in our educated minds disassembled in jig-saw manner. One or more ideas may be solved into a particular place, having the appearance of being correctly placed, only to find in digging deeper and going farther in the process of assembling solutions, some pieces used at that time did not fit as we thot, and had been improperly placed. As other pieces fitted later, it became increasingly evident a particular part of the whole, which was laid on the shelf or perhaps forgotten, **now came back** into its own. Upon recognition of the proper spot where the discarded fit, it is resurrected and used, but this time in proper place, bringing more of the picture into focus.

This principle is true in science and research. It is a part of the plan of things as are the axiomatic necessities which make up individual pieces of our understanding of the solving of the human jig-saw puzzle. The principle of rearrangement is because of our FINITE desire to fit OURSELVES into the INFINITE knowledge of living man.

Chapter VII

SPECIFIC RESEARCH

UPPER CERVICAL SPECIFIC was at one time our exclusive objective.

This principle and practice was presented in 1930.

We consistently kept eliminating variables, one by one, establishing constants, one by one.

The accuracy of science is based on constants, not on variables. For this reason, there is no "science" to medicine—it is all variables.

Meanwhile, we were constantly reconstructing adjusting tables to meet new conclusions of our philosophy, scientifically researched to the art of adjusting

—the D. D. Palmer flat one-piece table

—two-piece divided table, each separate from other

—spring lift, to relieve patient from straining in getting down to or up from table

—hydraulic lift upright table

knee-chest, legs forward or backward, which principle is now revived and added to our PTA full length table

—side-posture

—PTA head-piece

—NOW, PTA full spine table, side-posture, even adaptable to basic technic if desired.

As of this time (1957), after working with this table and seeing what it makes possible, we are convinced it is the most progressive step to more accurately adjust any subluxation, or for correction of any misalignment.

EVOLUTION OF ADJUSTING

In the EVOLUTION of **all** adjusting, desire always has been to see how little invasionary force WE could use

—to see how much it made possible an Innate reponsive reaction to set and seat the subluxation naturally and normally.

After all, we can't adjust A DEAD MAN. In **living** man we must cooperate with the internal LIVING INNATE factor.

In a crude, limited way, we externally and educationally can approximate the abnormal position of a vertebral subluxation

—in a crude, limited way, we can approximate the adjustment above or below but in the last analysis INNATE is the only force THAT KNOWS accurately, efficiently and correctly where it is, what it was, what it should be, and can and does set it and seat it in its precise normal position.

There are so many normal bi-lateral osteological variables,

differing in each person from all others, that there is only ONE factor that KNOWS the detailed insides of man, viz., the Innate that made that body, knows its every variation and peculiarity, which we educationally can see in the rough, but which Innate alone knows in its minutae.

All we are doing now, is to take this new principle of the PTA head-piece, that makes it possible for Innate to do a more perfect and precise job in adjusting the superior cervical specifics, and apply the same principle in correcting the inferior specific misalignments, if, as, and when they exist. In no sense, however, is this getting back to the old meric system as we once knew it.

ART OF ADJUSTING

While tables were going thru a development process, there was an evolution of technics

—shove, push, stiff-arm which is still taught and used in some schools

—push, with 200-lb. leaded bag weights on shoulders

—recoil, introducing speed with Innate reaction

—toggle-recoil, to get more, from less, to accomplish more

—alternate relaxation and contraction of adjuster, reversing the order; when patient was most relaxed, adjuster was most contracted

—PTA principle and practice utilizing the Newton law of body-drop, plus a sharp, quick, light tap—and somehow that isn't quite the word! The nearest it can be described is to use MUCH less force in application that Innate may recoil MUCH more in reaction.

Our people who change from older forms of adjustment to the PTA principle must re-learn to check themselves EVERY time. If they don't, they will get into difficulties with cases.

Full-spine pre-neurocalograph checks upon which adjustments are premised should be given in conjunction with spinograph analyses, with LINE O' DRIVE if you have such.

The ART of adjusting a vertebral subluxation which gets quickest results on worse cases at less cost to patient, is akin to that of any other ART, such as music, mechanics, or painting.

(a) there are people who pound notes and make meticulous rhythmic noise

(a) there are ARTISTS who touch keys of a piano with sensitive mind and light fingers, who appeal and draw forth hormonious responses with rapt attention to all who listen.

(b) there are bunglers who slap up boards and pound nails with a sledge hammer and build an outhouse shanty

(b) there are ARTISTS who give it everything they mentally have and build a house that is a home for family and children

(c) there are people who slap and daub gobs of buckets of color on sides of barns at $2 an hour

(c) there are ARTISTS who painstakingly produce paintings that endure down thru ages, bringing them everlasting fame and fortunes.

(d) in the same sense, there are backbone pounders, pushers, shovers, squeezers, who wonder why they fail

(d) there are ARTISTS who adjust vertebral subluxations with that little extra something that gets sick people well. My father called it a "knack." Fortunately I was present when he adjusted the axis of Harvey Lillard three times, which restored his hearing. It was a light, quick tapping action. Had it been otherwise, and had he failed, Chiropractic might not be here today in any form.

(e) realizing as we must that we as "educated" chiropractors too often approach the vertebral subluxation with that egotistic superior-inferior complex that WE and WE ALONE give the adjustment

(e) then there are chiropractors with that deeper ARTISTIC understanding and touch, that there is resident in the bodies of the sick an all-knowing Innate Intelligence, greater than any education WE possess, which MUST BE reckoned with IF the adjustment IT GIVES to the sick body is given with the inner touch of The Innate Master, **before** the sick CAN get well.

We have not multiplied the process, during these transitions, but we have simplified it. From **guessing** where, we now **know;** from **believing,** we have **ascertained facts;** from **trying** this or that, we have step by step **proven** right from wrong.

WHAT IS PROHIBITORY IN RESEARCH

ANY drug given to ANY sick person is for the all-exclusive purpose of STIMULATING AN INHIBITED CONDITION, or, INHIBITING A STIMULATED CONDITION. That is ALL there IS to the practice of medicine.

Innate, being impeded in doing WHAT IT SHOULD, is constantly endeavoring to sustain health and life, rebuilding, circumventing dis-ease as is. TO ADD stimulatives or inhibitors is TO DOUBLE THE LOAD.

Patients entering to, or while in The BJP CC are PROHIBITED from taking ANY drugs, regardless of character such as aspirin, bufferin, anacin to relieve pain, or for any other purpose. (There is **one** exception to this inflexible rule.) The case, upon entering is warned NOT TO take any such. For this reason we take urinalysis tests. If we find that case IS continuing to take drugs against our implicit instructions, they are warned a second time only. If they continue they are dismissed. They come here TO GET WELL. There is no use wasting their time, or ours, fighting

opposing forces from THE EXTERNAL when THE INTERNAL needs all its forces to accomplish that end.

We have found stimulants or inhibitants break down accuracy of all tests upon which we establish findings. It also destroys scientific data by creating variables which are unreliable.

We also insist upon case retiring to a silent rest room after each adjustment permitting Innate to "set" and "seat" the adjusted subluxation or correction. Because of these strict injunctions, our percentage of results is much higher than offices where lax and loose procedures are allowed.

THE PTA TABLE

Now, more than ever, is this vitally important for **what** we do, **as** we do it, on the PTA table, when, where, and why, leads to gratifying success or disappointing failure. TRAIN OUT your inadequate clumsy pound or push, and TRAIN IN that ARTISTIC all-sufficient **sharp quick tap.**

Adjusting with PTA head-piece for superior cervical specific vertebral subluxations, **or** correction of inferior specific misalignments, requires ARTISTIC skill, care, thot, study. Instead of pounders, pushers, shovers, or squeezers, a sharp quick LIGHT tap movement is required. More than that CAN DO HARM.

Recently one case of a child was called to our attention, where a pounding Chiropractor tried to do the same on a PTA head-piece, landing with the old-style sledge-hammer blow, forcing atlas from one side to other. The child was almost ruined.

ADJUSTING on and with the PTA head-piece, or the PTA table, IS AN ART and calls for deep ARTISTIC INSIGHT.

We strongly advise any sloppy, don't-care, lazy, indolent, bungling, slap-happy, back-puncher **to not** waste time or money getting this PTA table. If he does he will injure more people and ruin his practice. On reverse, I advise every one **who is** a careful, thotful, particular adjuster to secure this table, because in its use he will deliver what we construe to be miracles, even in spite of all the great work we have done heretofore. This table makes possible results beyond our wildest dreams, remember it is as capable, in reverse, as being just as dangerous in the hands of any person who thotlessly and carelessly uses it to do anything any old way.

This PTA table is another step along the continuous and tortuous road we have set as our goal. This may not be the last word, but it is a substantial part of what we have been working to attain. It is difficult to know how to describe the after effects from an adjustment on PTA table. It isn't exactly an over-all-glow, or a feeling of complete relaxation; possibly the nearest expression would be to say "There is an all-rightness feeling" which comes into one.

Chapter VIII

ELECTROENCEPHALONEUROMENTIMPOGRAPH (Timpogragh)

In 1935 the time had arrived **to want** to prove and know certain answers to certain problems. We knew that the crux around which everything Chiropractic revolved was that

(a) a REDUCTION in the QUANTITY flow of mental impulse nerve force between Innate above and function below, between brain and body, was the CAUSE of all dis-ease

(b) if this were NOT so, there was nothing to Chiropractic

(c) a RESTORATION of this reduction in QUANTITY flow, between Innate above and function below, between brain and body, would rebuild health to sickness.

In 1935, we began to wonder IF there were some way we could MEASURE, EVALUATE, AND CALIBRATE this QUANTITY flow.

We began to experiment building an instrument which WOULD do this very thing. Eventually we built two different instruments and finally perfected the ELECTROENCEPHALONEUROMENTIMPOGRAPH.

We knew that if we could MEASURE THIS QUANTITY FLOW we could prove effectiveness of what WE were doing in adjusting here or there; this or that way; at this or that time; whether what we were doing DID OR DIDN'T restore the QUANTITY flow. If we WERE, the case would get well—other things being equal. If we DID NOT, something was wrong.

Ever since the beginning, WE have tried to perfect adjusting to accomplish **this one** objective. Ever since the beginning, our profession has been high pressured with bombastic claims for this or that technic. Did this or that one—ours included—do what was claimed for them?

There was ONE way to prove any of them good; or short of reaching the coveted goal. We would test the technic, measure the flow BEFORE AND AFTER, and find out.

This instrument brot forth far more information than that mentioned. Time now does not permit us to give details.

Because of its 8 multiple pick-up detector electrodes

—placed at 8 objective comparative spots

—simultaneously graphing 8 at same time, same person

—permitting any length of time to make a complete test

—placed at pre-determined strategic points between brain and body, Innate source of function at epiphery and its expression at periphery

—by measuring, evaluating, and calibrating interpretation of QUANTITY flow of mental impulse nerve force supply, differentiating between normal quantity in brain and abnormal quantity in body

—it was possible **to prove or disprove** the ultimate Chiropractic objective whether ANY adjustment, given ANY place, ANY time, ANY manner, did or did not restore NORMAL QUANTITY FLOW of mental impulse supply below subluxation adjusted, or misalignment corrected.

—or, in reverse, reduced the already impeded flow to make case worse.

With this instrument, we could AND DID prove, with scientific accuracy, the value of this or that technic, regardless of which one, how delivered, or what high-pressure salesmanship said about its values.

We have checked **many** technics

—have found **some** dangerous and damaging, damming back flow

—others have **some** value if ACCIDENTALLY delivered correctly, at right place, at right time, with Innate correcting blunders performed

—others have **extreme** value because of being given intentionally at RIGHT place, RIGHT direction, RIGHT time, and STOPPING when nothing **more** should be, could be done.

We have tested PTA adjustments on PTA head-piece and PTA table, with timpograph, and it proves we **more quickly** restore **more** quantity of mental impulse supply, in worse cases, **than any other** method in our career.

Problem cases enter The BJP CC with certain symptoms or pathologies which they sense and feel.

The usual chiropractor has similar cases, asks question, possibly writes answers on a printed form for his records. Patient described locations, intensities of feelings, discomforts, pains, miseries, etc.

The chiropractor has TWO usual chiropractic analytical instruments—the NCM to locate heat-break readings and the SPGH to give him inside information as to position of vertebral subluxation. Beyond these two he may use stethoscope to check breathing, the heartometer or cardiograph to check heart action, urinalysis to check urine.

He adjusts and from day to day, he will check these mentioned. Beyond that HE ASKS THE PATIENT HOW HE (or she) IS FEELING. From these checks, AND THE REPORTS FROM THE CASE, he determines whether he HAS adjusted RIGHT place,

RIGHT way, at RIGHT time, and DID NOT adjust when he shouldn't. From this information he determines whether case is being restored with normal quantity flow of mental impulse nerve force flow, or not. He is prone, without other evidence, to rely HEAVILY on verbal opinions expressed by the case.

Similar problem cases coming to The BJP CC have an additional fundamental method of checking greater than those mentioned, except for NCM and SPGH, via the 'timpograph. We take a pre-check 'timpograph before any adjustment is given. It is MATHEMATICALLY calibrated and deciphered by a specially built measuring device as to quantity of mental impulse manufactured IN THE BRAIN and a simultaneous pre-check is made of some SICK PORTION OF THE BODY TO EVALUATE difference between normal-brain production and lack or that quantity in SOME SICK PORTION OF THE BODY. At some pre-determined subsequent time a similar 'timpograph post-check is taken. The two graphs are mathematically evaluated and compared. In so doing WE TELL THE PATIENT whether he (or she) is getting better or worse by measuring RESTORED QUANTITY FLOW between brain AND body. It is NOT necessary FOR PATIENT TO TELL US. WE TELL THEM!

At the same time, WE HAVE A RECORDED COMPARATIVE 'TIMPOGRAPH GRAPH RECORD.

WE have TWO chiropractic comparisons, within the scope of the chiropractic primary factor:

(a) brain normal production with abnormal organ below-par paralysis

(b) below-par organic abnormal condition in its rapidity coming UP TO par level of normality.

CONTURGRAPHOMETER (CTGHM)

A very high percentage of cases have adaptative curves in spinal columns, which are produced by muscular **contractures** on one lateral side, with muscular **prolapses** on opposite side.

A superior specific vertebral subluxation producing pressures and interferences, can produce both longitudinal conditions on left and right side of the entire back, shortening the length of contours on one side, reversing this condition on opposite side, **drawing up** pelvis on contractured side, seemingly shortening the leg on that side; reversing this condition on opposite side, **lowering pelvis** on prolapsed side, seemingly lengthening the leg on that side.

In so doing, there is a possibility that on either side there could be vertebral misalignments which MIGHT occlude a foramen, producing local inferior pressures and interferences, but WHERE AND WHEN we didn't KNOW until the NEUROCALO-

GRAPH proved definite and exacting proof. We always have been adverse to "doing something," some place, some way, inconsistent with our practice, without efficiently knowing what to do, where, and why.

We wanted to know whether adjustments at superior cervical specific vertebral subluxation did or did not make possible corrections of these multiple series of misalignments below.

We developed the conturgraphometer, which graphed data could be subsequently duplicated as to a posture constant.

This instrument had a traveling fine-point crayon which electrically traveled at a definite rate of speed which was graphed on a traveling paper. We took two graphs, one A-P, the other lateral.

Later, we took subsequent graphs and compared them. We then traced these one or more graphs on translucent sheets, overlapping one over other, each in a different color, to study the speed with which corrections took place of all adaptative curves back to normal curves.

We found that, by adjusting upper cervical specific ONLY, many adaptative corrections took place below in from one to six weeks, raising the height of the case anywhere from 1" to 1½".

This conclusion was made on muscular conditions wherein there was **no** pathology or other inferior diseased conditions of one or more vertebrae involved. In that case, as we **now** understand the problem, we would need correct certain lower specific misalignments.

In our early days we observed curvatures. Seeing a right or left scoliosis, or a kyphosis, we palpated for the apex and adjusted it to its opposite direction, hoping to align spinous processes successively, above and below its apex until we could establish a straight median center line.

Our Volume 22 presented proof of our early research and knowledge of this issue, but it had to wait until later proof clarified, which then permitted us to fit it into sequence into later practice art.

OSTEOLOGICAL LABORATORY

Over 25,000 specimens present endless anomalous and pathological distortions of normal contours of spinal column produced by what have been medically diagnosed as arthritis, caries, necroses, tuberculosis, osteomyelitis, osteomalacia, fractures, curvatures, lordoses, kyphoses, scolioses, rotatory curvatures, exostoses, ankyloses, anomalies (pre-natal), malformations (pre and post natal) and other mal-formed pathologies.

—wherein intervertebral foramina sometimes DO produce LOCAL inferior specific pressures and interferences,

—which in themselves are not CAUSES but are pathological or adaptative conditions

—which are not common, but in occasional inferior locations, and when present can ONLY be proven as such by NCGH pre and post full-spine graphs

—which is the ONLY way, plus spinographs, to determine which is which, which to adjust if any, which to correct if any, when to and when not to.

Assume there is an atlas superior specific MAJOR subluxation, producing pressures and interferences on nerves ending peripherally in two or more vertebrae BELOW in the spine, producing osteomalacia or some other pathology in two or more vertebrae BELOW.

Innate, desiring to prevent a complete breakdown, builds exostotic growths forming ankylosis between two or more vertebrae. This osteomalacia MIGHT produce a collapse of normal relationship, serious inferior misalignments, which MIGHT produce local INFERIOR pressures and interferences.

Spinographs reveal THE pathology; NCGH records the break-heat readings. Knowing WHAT the condition IS, after superior cervical specific atlas or axis subluxation adjustment AS CAUSE of pathology below, Innate will break down ankylosis, take away exostoses, rebuild vertebral osseous pathology integrity. Pathologies in spinal column, like pathologies in soft tissue structures, ARE EFFECTS and after vertebral subluxation CAUSE has been adjusted, should be left to Innate to rebuild back to normal.

Would this rebuilding process induce an INCREASED local inferior break reading which MIGHT need be adjusted? The seemingly INCREASED ACTION is a below-par COMING ADAPTATIVELY up TO par. It is NOT necessarily an ABNORMAL causative break heat reading.

Having studied thousands of osteo specimens thousands of hours, we were, as you would be, cognizant of **misalignments inferior** to axis, all due to anomalies, pathologies, contractures, and prolapses of lateral muscles on alternote sides, some of which could be occlusions, which MAY OR MAY NOT HAVE produced pressures and interferences. In those days we "adjusted" what WE THOT were the apices of curvatures, thinking this way and place was correct. Later, when neurocalograph came in, it and it alone told us EXACTLY which misalignment WAS and which others WERE NOT producing pressures and interferences. NOW we back up to our earlier osteo knowledge of conditions mentioned existing inferior, and today we fit them into our present format of where and when to correct inferior specific misalignments.

In such conditions, the Chiropractor should stand by and let Innate do ITS work in ITS own way, and not interfere, thinking

he should "do something" locally to offset false heat-break readings if there be such occasioned by ankyloses.

The general over-all working objective should be. doing less, doing right thing only, to get more results quicker, in less time, on worse cases, by UNDER-adjusting rather than OVER-correction. If there be error of judgment it is better to UNDER-do than OVER-do.

THE PROGRAM NOW

TODAY here is our program in STUDENT clinic, in The BJP CC, in instruction in The PSC:

(1) timpographs of case
(2) spinographs
(3) pre and post, full-spine NCGH readings
(4) adjust superior specific only, first time
(5) wait two weeks to see what occurs on all lower NCGH readings
(6) if case is old in years, chronic in time, it might be wise to wait longer than two weeks
(7) if case is young in years, acute as to time, shorter time might be advisable
(8) if one or more lower-spine NCGH readings remain, it could then be corrected, checking again to see that such has not actually reproduced a superior specific reading.

(Note: We call all cervical superior specific subluxations as ADJUSTMENTS of cause; all inferior specific misalignments as CORRECTIONS of adaptative effects, to differentiate.)

WHERE AND WHEN?

Information as to WHERE AND WHEN to correct an **inferior** specific adaptative misalignment can be ascertained **with certainty** ONLY by

—pre and post, full-length NCGH graph readings

—memory is fickle, from day to day, case to case, and cannot be relied upon

—graphed record is permanent and proves

—allow for a reasonable time to check out lower readings.

What IS "reasonable time"?

We here urge two weeks between first day of adjustment, before correcting ANY lower readings which DO NOT check out, BEFORE correcting lower readings WHICH REMAIN, as lower specifics,

—which excludes indiscriminate inferior specific over-corrections.

WE ADMIT A REPLACED-DISCORDED CORRECTION

TODAY, in 1956, **we admit an error of judgment in concluding that at no time, in no way, in no manner, was a correction EVER necessary below occipito-atlantal-axial area.**

Because of its all-inclusive field of adjustment of the vast majority of causes in cases, we conceived the superior specific was an all-inclusive and all-exclusive field of adjustment.

There ARE times, locations, and conditions which do justify **lower** specific corrections

—which are **not** adjustments OF CAUSE

—which **are corrections** of mechanical, traumatic, or adaptative misalignment effects

—which are **not** subluxations, but misalignments.

Misalignments are adaptations, **not** subluxations.

Misalignments are visible, i.e., out of juxtaposition with correspondent above and below, sometimes with inferior occlusions and interferences.

In all subluxlations and **some** misalignments, four elements are present:

(a) malposition
(b) occlusion
(c) pressure
(d) interference to flow—

the latter two of which are not visible, even with spinographs.

CORD PRESSURES

The ONLY place there CAN BE cord pressures is where the COMPLETE CORD is,

—the occipito-atlantal-axial area

—not above in the brain

—not below in the body where the cord dessicates.

The largest percentage of pressures and interferences are CORD pressures.

The greatest number of occlusions, pressures, and interferences take place with CORD pressures.

The greatest number of actual and factual CAUSES of all dis-ease are at the CORD pressure area.

WHY?

Here are assembled ALL fibers, going to ALL the educated brain

—external seeing, hearing, smelling, tasting, and all external body below.

—any pressures or interferences HERE could be all-inclusive internal causative factors of any dis-ease in body below.

CORD interference at this location could produce various diseased vertebrae below, same as any other organic structure

—in so becoming, they CAN produce local occlusions, pressures, and interferences, same as any pathology can and does occur in any organ of body.

—to correct it to proper alignment is to temporarily ease the pathology; but its results would be temporary and not permanent.

IF adjustment ABOVE does NOT check out inferior NCGH readings, as proven by pre and post full-spine NCGH checks, then and then only is one justified in establishing proof that the INFERIOR SPECIFIC is that in fact and not in theory or snap judgment.

Chapter IX

ONE ONLY DIS-EASE, CAUSE AND CURE

Let us explain EXACTLY what we mean.

In MEDICINE, there are 18,000, more or less, possible combinations, compilations, and complex observations of symptoms and pathologies, all of which are assembed, re-assembled, and diagnosed, by an arbitrary and empiric state of mind, systems or minds of medical men, any of all of which could be right or wrong. Upon their diagnosis depends treatments and/or results or failures.

LIFE AND HEALTH is the ability to have NATURAL AND NORMAL internal QUANTITY of motion, automation, locomotion, be an auto-mobile in all its movable body parts, per the unit of life's span of time.

To REDUCE any QUANTITY of motion BELOW internal par level of its par QUANTITY of force, power, energy of nerve force flow, is to REDUCE in exact ratio its functional activity in QUANTITY of motion, thereby DECREASING its QUALITY of products or by-products, singly or in combinations issued by that action, as predetermined by the REDUCED or slowed-down speed of motion per given units of time involved, producing a corresponding PARALYSIS OF MOTION.

To REDUCE energy, force, of power QUANTITY is to SLOW DOWN action and motion, SLOW DOWN product by essencing some, diluting others, a state of paralysis, called dis-ease by the Chiropractor and diagnosed as disease by an M.D.

There is only ONE dis-ease, regardless of where or what organ or organs involved; PARALYSIS OF ACTION. This boils all confusion and conflict down to a knowledge of accuracy of absolute correctness of analysis and curing to the Internal Innate Governor-General IN man.

So long as Innate powers-that-be, internal to the sick, KNOW exactly WHERE paralysis IS, in WHAT DEGREE it exists, and HOW MUCH quantity of force IS BELOW PAR, and has THE INTERNAL ABILITY TO RE-ESTABLISH that par level from BELOW PAR UP, then it matters not to any other external second person whether his guess is right or wrong.

In CHIROPRACTIC there is but ONE CONDITION of matter which creates ONE dis-ease, regardless of organ or organs con-

cerned, degrees of minor or major importance, or sufferings occasioned thereby, viz.,

(a) a CONCUSSION of forces
(b) where EXTERNAL INVASION overcomes INTERNAL RESISTANCE
(c) which MISALIGNS one vertebra in relationship with its co-respondents above and below
(d) producing A VERTEBRAL SUBLUXATION
(e) which, because of such misalignment, occludes a foramen
(f) thru which nerves have exits
(g) CONVEYING AND TRANSPORTING an abstract nerve force, energy or power
(h) REDUCING ITS QUANTITY FLOW
(i) SLOWING DOWN its quantity speed of action
(j) per a given UNIT OR UNITS of time
(k) creating A STATE OF PARALYSIS of function
(l) DIMINISHING THE VALUE of its product or by-products
(m) inducing change FROM ACUTE TO CHRONIC conditions
(n) CALLED dis-ease

In CHIROPRACTIC there is but ONE CONDITION of matter which needs correction, viz.,

(o) one NATURAL REVERSED MOVEMENT of an external correction
(p) AN ADJUSTMENT of the vertebral subluxation
(q) OPENING the occlusion
(r) RELEASING PRESSURES upon nerves
(s) permitting A RESTORATION of normal QUANTITY flow of abstract nerve force thru MATERIAL structures
(t) FLOWING FROM above down, inside out
(u) which, when it reaches periphery of those nerves
(v) RESTORES PAR LEVEL of normal activity
(w) producing NORMAL products
(x) GIVEN TIME to rebuild, reproducing a condition called health
(y) all of which TAKES PLACE INTERNALLY WITHOUT artificial, unnatural, external interference other than that mentioned
(z) letting the INTERNAL INNATE INTELLIGENCE do everything else that automatically follows:

So broad is the field of conjecture and, so simple is the comprehension, we re-state this issue.

LIFE is motion. That which MOTIVATES ACTION in vertebrata is nerve force flow, THRU muscles, contracting them by **shortening** their stroke, followed by a relaxation period **lengthening** the stroke, moving that TO WHICH they are attached. Series of alternate RELAXATIONS, following a series of alternate CONTRACTIONS, makes possible a series of subsequent contractions,

CAUSES MOTION in body matter.

(When there is NO contraction, there is prolapsis. When there IS NO relaxation, there is contracture.)

There is only ONE abstract energy which exercises **power** in a living body—nerve force flow guided where to do and what to do upon arrival. There is only ONE substance of matter which contracts and relaxes in a living body—muscles, and muscles are in super-abundance everywhere in every part.

MUSCLES, contracting AND relaxing in body organs, PRODUCES A PRODUCT such as saliva in mouth, gastric juice in stomach, bile in liver, splenic fluid in spleen, urination, defecation, movement of arms, legs, eye-balls, etc. Different KINDS of products are as varied and as multiple as there are different kinds of organs in production, the totality of which we call a living human body.

If nerve force FLOW is UP to normal par QUANTITY, muscles contract and relax in normal par rhythmic QUANTITY speed PER UNIT OF TIME, thereby issuing organic and glandular co-ordination of normal par QUALITY of products.

If norve force FLOW is BELOW normal par QUANTITY, muscles SLOW DOWN SPEED OF ACTION, PER UNIT OF TIME, reducing organic and glandular QUANTITY AND QUALITY of products, per units of time involved. THIS is in-coordination or dis-ease. There is only ONE dis-ease—paralysis of motion.

RESTORE below par normal QUANTITY of nerve force flow, and there occurs a RESTORED below par frequency of speed of muscular contractions and relaxations, UP TO normal par level to quantity and quality of mechanical motions which produces organic and glandular products, after which dis-ease; regardless of organ, organs or combinations of effects, become normal, allowing units of time to repair damages done. SIMPLE!

There are **countless percentages** of REDUCED QUANTITIES of nerve force flow, thru **countless percentages** of nerve fibers, going TO **countless percentages** of organs which mingle and intermingle, REDUCING frequency of QUANTITY of contractions and relaxations to **countless** muscles, producing **countless** REDUCED quantities and qualities of products, involving **countless** units of time, called symptoms and pathologies. No wonder diagnosticians become confused!

NO QUANTITY of mental impulse supply IS DEATH. SOME QUANTITY of nerve force flow is some midway decreased flow BETWEEN life and death. NORMAL QUANTITY of internal energy flow equals NORMAL functional motion which IS LIFE AND HEALTH.

The secret, which is NOW known, is to make it possible TO RESTORE BELOW-PAR QUANTITY to increase up to NORMAL QUANTITY PAR by correcting the obstruction, impediment, ob-

structing factor which reduces it FROM normal TO abnormal. AFTER this correction, INTERNAL INTELLIGENCE directs INTERNAL FLOWS from source to expression producing INTERNAL HEALTH. What more than this can a second external man do for the internal of another?

Under the direct INTERNAL intentional intelligent control of Innate Intelligence WITHIN THAT BODY, right QUANTITY of mental impulse supply WILL BE AND IS directed to RIGHT organs, at RIGHT TIME, in RIGHT quantity, to produce RIGHT quantities and qualities of physical functional properties (efferently), and sense perceptions (afferently), coordinating all to issue a one-ness of a live, healthy body. Coordination of over-all QUANTITY of force flow pre-determines over-all QUALITY of functional life and health.

Dis-ease, its cause and cure correction IS AS SIMPLE AS THAT!

CLIMBING UPWARDS

Step by step man sheds

—step by step he gains more understanding

—step by step he climbs the steep and strenuous mountain to look back into the valley he has emerged from.

This is true of man as time permits him to grow.

We climbed out of palpation, to meric, to majors and minors, to spinograph, to NCM, to NCGH, to shielded and grounded booth. Finally, we reached what we thot was the zenith—the superior cervical specific.

In 1930, we announced this as ALL-inclusive and ALL-exclusive.

We began to reassemble and piece together many early discoveries and developments. Many which we had dropped by the wayside, because we couldn't fit them at the time, now became valuable in building a bigger, broader, deeper format.

This weaving together old laid-on-the-shelf evolutions fortified the now-newer superior specific in more ways than we knew

—but it also proved we had overlooked what thousands of hours in our largest, finest, anomalous, pathological, and traumatic osteological studio of 25,000 specimens had taught us years before

—that THERE COULD BE INFERIOR SPECIFIC MISALIGNMENTS THAT NEEDED CORRECTION IF WE KNEW WHERE AND WHEN THEY WERE.

Our late idea of full-length pre and post NCGH checks proved the long lost connecting link between what we once developed, and what we NOW know, with what we had TEMPORARILY FORGOTTEN—the adaptative conditions below that we formerly denied needing attention.

We are today picking up those loose threads and weaving them into **a new** format and correcting them if, as, and when we

prove they exist.

Today, we are getting cases well on that per cent of cases we formerly overlooked.

THE LINE O' DRIVE CALCULATOR

This Clay Thompson instrument is being presented here and now for the first time

—we have used it in The BJP CC for several months

—it is calibrated to indicate all directions

—for adjustment which spinographs reveal

—it is synchronized in its directions with each mal-position seen in spinographs

—once this information is transferred from spinographs to the line o' drive

—we now follow thru with a right-direction to give PTA adjustment

—which, because of its calibrations, can be duplicated in the future, if, as, and when such becomes necessary.

COMPLEXED?

WHY ALL THIS seemingly complicated procedure?

All this accuracy of equipment sounds complicated in the telling

—but we constantly keep in mind that simple accuracy establishes facts

—we could not and would not otherwise know, upon which life and restoration of health depends

—all of which leads to positive and exacting internal adjustment

—of the one all-important upper-cervical specific major subluxation

—**or,** to the correction of the lower specific minor misalignments.

Accurate information is valuable

—if it is correct and exactingly recorded

—is of no value if it is unreliable

—remembering that human life is at stake

—depending upon WHAT we do, WHERE, HOW, AND WHEN.

Chapter X

Composite Jan. 1956 thru June 30, 1957—18 Months

The Palmer School of Chiropractic Student Clinic

Number of student adjusters in clinic	6,240
Number of patients	17,871
Number of new patients	2,260
Number of majors selected from Spinograph	13,898
Number of majors selected from Palpation	3,973
Number of times Atlas adjusted as major	7,913
Number of times Axis adjusted as major	1,393
Number of times 3rd Cervical adjusted as major	27
Number of times other misalignments were adjusted	156
Total number of visits	94,397
Total number of adjustments given	9,489
Number of patients reported well	3,760
Number of patients reported improved	10,233
Number of patients that report no improvement	3,878
Total credits	$676,286
Percentage of Spinograph	77.77
Percentage of Palpation	22.23
Percentage of Atlas as major	83.39
Percentage of Axis as major	14.68
Percentage of 3rd Cervical as major	.28
Percentage of other misalignments adjusted	1.65
Average time between adjustments	37 days
Percentage reported well	21.04
Percentage reported improvement	57.80
Percentage reported no improvement	21.16

A STATISTICAL AND PERCENTAGE BREAK-DOWN OF P.S.C. STUDENT CLINIC

Between January 1, 1956 and June 30, 1957

On January 1, 1956, a rigid research program in The P.S.C. Student Clinic was inaugurated to prove or disprove the frequency of necessity for correction of vertebral misalignments inferior to atlas or axis.

There is reliable proof of a differentiation between comparisons of upper cervical specific **frequency** of adjustment, by contrast

with lower spine specific **frequency** of corrections of misalignments.

(a) 9,306 atlases or axes against 183 "inferior misalignments"
(b) on a total of 17,871 patients
(c) in percentages, 98.07 per cent of atlases or axes as against third cervical and other inferior misalignments, was 1.93 per cent
(d) these 17,871 cases were medical failures, the same as average Chiropractor meets in average town in which he settles
(e) 3,760 reported well
10,233 reported improved—a total of 13,993 on road to health with atlas or axis adjusted as superior specific subluxation.

In these tabulations of The P.S.C. Student Clinic it is well to remember:

(f) these cases were handled exclusively by students in the last two years of their schooling
(g) senior students, as in any school, are good, bad, or indifferent, and are not presumed to be experts or experienced
(h) these students ascertained WHEN, WHERE, AND HOW to adjust, based on knowledge and application of use of NCM, SPGH, pre and post NCGH check-readings
(i) these cases ran the gamut of all types, acute and chronic
(j) they allowed two weeks intervals between first superior specific atlas or axis adjustment BEFORE deciding when and where there was or was not a necessity for lower corrections of misalignments
(k) any Chiropractor, with SAME equipment, used SAME way, given proper intervals of time, should better this record; and when he did he would not need resort to any failure experiments of any other allied profession
(l) no other therapeutical method or means was used on any case
(m) reports on well or improvement are based on written data furnished by student doctors conferences with his patients
(n) all data based on every-day, individual, case-filed records, in which memory plays no part.
(o) all adjusting tables used in this clinic are PTA equipped
(p) this PSC clinic service is free, except for spinographic costs which are nominal.
(q) (There seemingly is a divergence in figures between number of patients (17,871) and the number of atlases and axes adjusted (9,306) which do not tally. A patient could have been counted in 17 different months, as a continuing case, in our monthly tabulations, assuming the case stayed that long. The same divergence also applies

under spinograph and palpation figures. We use these figures basically for percentage figures and visits.)

(r) These facts and figures PROVE the reduction in necessity OF FREQUENCY of corrections of **inferior** specific misalignments and results attained adjusting **superior** cervical specifics by preference.

14-YEAR REPORT—1942 THROUGH JUNE, 1957

The Palmer School of Chiropractic Student Clinic

	Total	Year	Month
Number of student adjusters in clinic	50,829	3,602	300
Number of patients	168,151	11,916	993
Number of new patients	24,055	1,707	142
Total pre-check adjustments	369,690	26,407	2,201
Total post-check adjustments	133,829	9,559	796
Total pre-check, no adjustments	913,702	65,293	5,441
Times clear	426,263	30,447	2,537
Number of majors selected from Spinograph	106,736	7,548	629
Number of majors selected from Palpation	61,413	4,368	381
Number of times Atlas adjusted as major	73,301	5,199	434
Number of times Axis adjusted as major	16,586	1,177	98
Number of times 3rd Cervical adjusted as major	164	13	1
Number of times other misalignments were adjusted	1,818	128	10
Total number of visits	835,905	59,241	4,937
Total number of adjustments given	91,869	6,516	543
Number of patients reported well	104,670	7,453	621
Number of patients reported improved	56,037	3,947	329
Number of patients that report no improvement	7,435	516	43
Total credits	$6,390,565	$452,905	$37,742
Ratio between pre- and post-checks			3.24
Percentage of Spinograph			63.35
Percentage of Palpation			36.65
Percentage of Atlas as major			79.80
Percentage of Axis as major			18.06
Percentage of 3rd Cervical as major			.17
Percentage of other misalignments adjusted			1.97

Average time between adjustments	36 days
Percentage reported well	62.55
Percentage reported improved	33.12
Percentage reported no improvement	4.33
Credit per patient	$38.00

C. CHANCE, D.C., Director of Clinic

FURTHER STATISTICAL AND PERCENTAGE BREAK-DOWNS OF P.S.C. STUDENT CLINIC

14 Years' Report, from 1942 through June, 1957

To understand how these figures are established
—each senior student is required to set himself up in business
—he is required to produce a point requirement of efficiency
—each patient visit is recorded and facts pertaining filed
—before he can graduate, he must declare a reasonable profit on his total investment.

Notwithstanding, this clinic has donated over $6,390,565 FREE health service, with an annual $452,905 (almost a half million), and a monthly average of $37,742, to more than 168,151 cases. We doubt this could be matched or equalled in any other clinic of any kind in the world, from any other institution.

The P.S.C. depends upon profits to maintain itself. Charitable institutions which render free service are supported by money-drives, donations, trusts, bequests, endowments, voluntary contributions—none of which exist at The P.S.C.

A hue and cry flashes throughout our ranks about how our schools should be non-profit. All such so-called in OUR ranks could not hold one candle to this brilliantly illuminated and revealing financial clinic record of The P.S.C. which IS a profit-receiving and profit-spending corporation.

These facts and figures are based on actual, factual, accurately-kept filed case records.

When medicine fails, the Chiropractor gets the cases. When Chiropractor has a problem case, we in The BJP CC get them. So WE get the worst of the worst, such as ambulance cot cases, coming in wheel chairs, hobbling on crutches, wearing body-braces, types that are given up as hopeless, incurable or to die.

Chapter XI

IN THE PASSING, WE PAUSE TO GIVE CREDIT

—to Dossa Evins, then of our staff, for the NCM
—and his idea for the NCGH
—to Otto Schiernbeck of our staff for his development of the NCGH
—for the Neurotempometer
—and the conturgraphometer
—and perfecting the electroencephaloneuromentimpograph
—to Jim Curtis of Minneapolis for his side-posture table
—to Clay Thompson of our staff for the Thompson head-clamp used in spinographic precision
—for the PTA head-piece
—for the PTA adjusting table
—for the LINE O' DRIVE director

Modesty forbids of the many other additions and conclusions of research which we conceived, adopted, adapted, and became adept in using in researching our problems which have taken a single simple correct principle of D. D. Palmer, proving it down thru the years, in keeping it simple and single to get sick people well.

IN BETWEEN AND ALL AROUND

In this presentation, short as it must be, we mention only a very few ideas, developments.

Weaving back and forth, inter-twining and inter-mixing were hundreds of ideas, methods, tried, discarded; tried, saved, and used; tried, didn't fit, laid up on the shelf; later, taken down from the shelf and fitted in where they belonged. It could be aptly said that progress is a steady-by-jerks, up-and-down, in-and-out process; nothing thrown away; everything saved; cutting and fitting together pieces in a jig-saw puzzle.

To the person who prefers sitting in a rocking chair, looking at blue sky, satisfied and contented, all this seems a crazy process. To him, it is!

To the person who seeks answers to unsolved problems, who burns midnight lights, who investigates, searches, and researches, to know **why** of all things, all this is a never-ending game which he plays with the avidity of a baseball or football fiend, giving

it everything he has, year after year, until he arrives with the answers.

That's been OUR life, from which millions have, are, and will continue to profit. Will the masses give us credit, commend us for what we have made possible and given? Is that why we do what we do? Or is there an inner-glow and satisfaction that comes in facing problems and licking them? Yes, that's the answer!

We have consistently, thruout all these years, and in all our research, followed our early oath

> "We made a vow that we would so utilize our life as to be able to leave behind a specific—not for the cure of any one dis-ease, but leave behind **the** specific for THE CAUSE AND CURE OF ALL DIS-EASE. We have dedicated and consecrated our life to that goal. We have never allowed a single thot, a single detracting influence, a single bit of internal or external pressure of any and all kinds to swerve us from that objective. Thruout the sixty-five years we have held that one ideal."

FOR BETTER OR WORSE

There are shady deals and sound ideal
One is temporary, other permanent
One is disreputable, other reputable
One destroys, other builds
Which is YOUR objective?
Medicine fits into first category; Chiropractic in second.
We built The BJP CC for three reasons:
1. that it might be a model for others to pattern from
2. that it would research problems we wanted answers for
3. that you might send your problem cases to us; we would find answers you needed, and then refer case and answers back to you.

We know we have the largest, finest, best equipped, all-and-only RESEARCH CHIROPRACTIC clinic in the world.

We want and you need the services of THIS clinic for YOUR PROBLEM CASES. We have equipment not necessary for you in regular and ordinary cases. Having had over 9,000 worst of the worst problem cases sent us, since our opening in July, 1935, of all types, degrees, ages, colors, religions, from over the world; and having built our equipment to solve those problems, we are fully equipped to serve YOUR cases.

You need OUR services now and then. WE need your services **all** the time.

Write, wire, or fone for appointments.

The B. J. Palmer Chiropractic Research Clinic, Davenport, Iowa, U.S.A.

Fone Davenport 2-3521, anytime between 8:00 a.m. and 9:00 p.m., daily.

Chapter XII

WHY MEDICINE IS NOT A SCIENCE

In Volume xxxiv (Palmer, 1957), EVOLUTION OR REVOLUTION, we frequently mention that medicine does NOT get sick people well; its failure creates a vacuum of poor service to the sick, which necessitated Chiropractic to fill that empty space. When WE make derogatory remarks about principles and practices of medicine, our judgment is challenged because WE "are prejudiced, unfair, have dust in our eyes," etc.

As an example, page 40 of Volume xxxiv has this statement:

> "Staggering around in the dark like a drunken sailor, groping for unseen and unknown realities, is like the blind leading the blind without an all-seeing-eye; seeking true north without a compass; trying to reach any old port in a hurricane without a reliable rudder or steering wheel; trying to save face by fishing for a financial whale with a medical minnow; guessing at a fever without a clinical thermometer; or, like sailing the seven seas without a fixed star, gambling with complex dis-eased sequences in human hearts, trying to patch them—all this is an extremely hazardous game, as medical men are aware—searching, seeking, hunting for an unknown something, they don't know what and have not yet found.
>
> "Begging for millions of dollars, year after year, is a confession, admission, and evidence of a guilt complex. If they had found YESTERDAY what they seek TODAY, they wouldn't be asking for money TODAY to seek what they HAVEN'T found. Each year they hope that more millions MIGHT make possible TODAY what they were unable to do YESTERDAY, hoping to do TODAY, which might show up TOMORROW if they get enough money. What is it they seek—WHY ANY heart has ANY disease! We suggest they study the first chapter of Dr. George Crile's A BIPOLAR THEORY OF LIVING PROCESSES."

If we were to quote ALL evidence we have "from the horse's mouth" or from "out of the mouths of babes," uttered by medical men, we could fill book after book. It IS well, occasionally, when we find an article with a presentation of common sense, to quote same.

We extract some of his pertinent accusations:

"WHY MEDCINE IS NOT A SCIENCE"

"Ian Stevensen, M.D.

Ian Stevensen, M.D., "Received his M.D. at McGill University in Montreal. He now lives in New York and is a Commonwealth Fund fellow, doing research in the psychosomatic aspects of heart disease."

"Most of us are probably under the impression that the medical profession has arrived at a zenith of scientific achievement, from which it will go on from triumph to triumph. But medicine suffers today from a defect which, unless remedied, may halt its future progress."

"Medicine will not achieve the stature of a science UNTIL THE BASIC LAWS OF HEALTH AND DISEASE HAVE BEEN DISCLOSED. BUT THE SEARCH FOR THESE LAWS HAS HARDLY BEGUN. No discipline can claim a greater array of equipment by which its research is carried on, yet none is inferior to medicine in organizing its knowledge into coherent principles."

How true this statement. There is NOTHING "basic" in medicine.

"And only twenty-five years ago one of the greatest of modern physicians, Sir James Mackenzie, returned to the same theme. 'FOR THE INTELLIGENT PRACTICE OF MEDICINE,' wrote Mackenzie, 'and the understanding of disease, THE SIMPLIFICATION OF MEDICINE IS NECESSARY. . . . I hold that the phenomena which are at present so difficult of comprehension, on account of their number and diversity, ARE ALL PRODUCED IN A FEW SIMPLE WAYS, and that with their recognition what IS NOW SO COMPLEX and difficult WILL BECOME SIMPLIFIED and easy to understand. This means a recognition of principles and a knowledge of their application.' "

There IS NO "simplification" of any conclusion that is unsound. Medicine IS a "phenomenon," which means something that occurs for which there is no "intelligent" understanding.

Chiropractic presents "few SIMPLE WAYS" which have "become simplified"—so simple that complexed minds—be they medical or chiropractors—cannot grasp.

Chiropractic is **one** simple and single **internal** principle, with one simple and single internal cause and cure, with one simple and single internal dis-ease broadly applied to all people. Medicine is a conglomeration of widely scattered complex EXTERNAL theories, so gigantic in number that physicians are forced to specialize minute sections, to try, to begin, to get ready, to unscramble the multitudinous puzzles, to theorize where or how to apply countless things to endless misunderstood diseases, and what to do to eradicate them OUT of human bodies by what they FORCE INTO sick people.

"Yet what is the situation in medicine today? EACH bodily system—if not EACH individual disease—is handled by specialists IGNORANT OF OTHER FIELDS. The leading textbooks of our time are MERE CATALOGUES of disease states; they rarely offer a generalizing statement which might enable a student to apply the experience he has gained **in one** disease to the management of other diseases. . . . More understanding of the general principles of medicine was shown in the works of Hippocrates written two thou-

sand years ago. TEACHERS OF MEDICINE, almost without exception, are innocent of any HINT that their subjects might be AMENABLE TO BROAD PRINCIPLES. At medicine meetings and among medical editors the presentation of papers dealing with MEDICAL THEORY is frankly discouraged, and HYPOTHESES are often rejected as 'unscientific speculation.'

"If the PRINCIPLES OF MEDICINE ARE TODAY UNKNOWN, or known to only A SLIGHT extent, this is a DIRECT result of the fact that THEY ARE NO LONGER SOUGHT. Medicine, in short, has succumbed to the twentieth-century habit of CONCENTRATING UPON TECHNIQUES rather than upon the quest FOR UNDERSTANDING; of thinking that when phenomena have been described they have been explained."

" . . . broad principles," **simply** applied, are better than NO principles none of which CAN be applied. Chiropractic has "broad principles," "broadly applied" in simple ways.

For medical men to arrive at fundamentals is heresy because "they are no longer sought," because they have "succumbed . . . concentrating upon techniques" rather than endeavoring to seek "an understanding" of man as he is, rather than as they would like to force him to be from external.

"This defect tends to be self-perpetuating, for the amount of medical knowledge that has been accumulated IS SO VAST AS TO BE FAR BEYOND THE CAPACITY OF ANY ONE MAN to grasp and use. Each year two large and closely-printed volumes of the 'Quarterly Cumulative Index Medicus' display to the alarmed and IGNORANT PHYSICIAN the titles alone of medical books and articles published throughout the world. Only the exceptionally talented and indefatigable specialist can 'keep abreast of the times' EVEN IN HIS OWN FIELD, to say nothing of doing any reflective thinking about the facts he has consumed, or of obtaining knowledge OF WHAT IS HAPPENING IN OTHER FIELDS."

With millions of dollars at their disposal, with endless external medical research, hunting OUTSIDE for an OUTSIDE cause and cure, when cause and cure IS INTERNAL, it has created a staggering and blundering array of theories that all of them "are FAR BEYOND THE CAPACITY OF ANY ONE MAN to grasp" . . . "even in his own field" . . . or, "of what is happening in other fields."

"Most of this vast AND UNMANAGEABLE array of facts has been produced, NOT THROUGH THE DEVELOPMENT OF MEDICINE ITSELF, but through the application to medicine of physics and chemistry. Furthermore, most of it has been produced by means of laboratory experiments, many of them upon animals. These experiments have helped physicians TO GLIMPSE the intermediate pathways of disease, BUT HAVE THROWN LITTLE LIGHT UPON THE TRUE NATURE OF DISEASE."

Materialism has been the ne plus ultra of diseases. It IS lack of abstract factor in concrete substance which they inconsistently hope to seek and never find, thus overlooking "the TRUE nature of disease."

"The pancreas of a dog is removed; the dog thereupon shows symptoms much like those of diabetes mellitus; and that fact leads to the isolation of the pancreatic hormone, insulin, which can thereupon be used to control diabetes. Certainly a great discovery; yet few diabetics develop diabetes as a result of having their pancreas removed; and though we are now able to

control the disease with considerable effectiveness, we cannot claim to be much closer to understanding THE CAUSE OF IT THAN WE WERE FIFTY YEARS AGO.

"Hundreds of other examples could be cited of laboratory experiments which have taught us much about the intermediate mechanisms of the morbid process, but almost nothing about ITS PRIMARY CAUSE. For whenever man, by experimenting, INTERFERES WITH NATURE, HE REMOVES HIMSELF FROM NATURE, whose own experiments are delicate and prolonged, revealing themselves only to the most patient observer. It is only by observing THE EXPERIMENTS OF NATURE THAT WE SHALL LEARN THE SECRETS OF BIOLOGICAL LIFE—ITS SUCCESS IN HEALTH AND ITS FAILURE IN DISEASE AND DEATH. 'Man who is the SERVANT OF NATURE,' wrote Bacon, 'can act and understand no further than he has observed, either in operation or contemplation, of the method and order of nature.' "

"Hundreds of other examples could be cited"—yea, hundreds of THOUSANDS "of other examples could be cited," which have been given an unreconcilable hasty birth, dying before birth, because each has in turn produced "almost nothing" ABOUT "ITS PRIMARY CAUSE," because they know NO "primary cause," having established thousands, none of which fits the facts, "for, whenever man . . . INTERFERES WITH NATURE, HE REMOVES HIMSELF FROM NATURE," substituting medical education by preference.

To observe "the experiments OF NATURE," is the last thing medical men do. It cannot be seen with microscope, tested in test tubes or in chemical labs, nor is it dissectional in character.

"Not only have we fallen victim to the fallacies involved in ARTIFICIAL experimentation; we have also become so ENTRANCED WITH TECHNICAL PROCEDURES THAT WE HAVE LOST SIGHT OF THE PATIENT HIMSELF, the individual person who is subjected to so many of these laboratory tests."

"Nature" never has been, is not now found in any lab that took millions of dollars to build, requires thousands of men working thousands of hours, with endless chemicals. The more work in laboratories, the more "we have lost sight of the patient himself."

"We have come to consider disease not as 'LIFE IN ALTERED FORM,' but as A MYSTERIOUS PARASITIC ENTITY GROWING ON MAN LIKE MISTLETOE ON AN OAK."

How true. " . . . life in altered form" is lost in the shuffle to see what bug "altered that life."

"We have forgotten that THE ACTUAL NUMBER of differential diagnoses IS NO LESS THAN THE NUMBER OF PEOPLE UPON THIS PLANET."

Each sick person is a compilation of many organs. Any one, several, or many can become disorganized singly or in multiple, where no two people are alike; therefore, to study EACH case in a distinct diagnosis is impossible. But, living under ONE internal law, they ALL CAN BE ANALYZED within rules OF THAT LAW which is interfered with in ITS manifestation to any organ, all organs, singly or in multiples.

"Thus we have neglected both the similarities among different disease states and the differences among patients with apparently similar diseases.

This is because modern medicine, particularly in its research phases, is almost WHOLLY IN THE HANDS OF SPECIALISTS, each treating or investigating ONE organ or system of organs, and necessarily NEGLECTING the others. One may make great progress in studying the liver by restricting one's attention to that organ alone. But in the human body the liver is not alone; and it cannot be studied completely without knowing ABOUT THE FORCES WHICH ACT UPON IT FROM OTHER PARTS OF THE BODY. A study of the liver ALONE eventually becomes NO STUDY OF THE LIVER AT ALL. Nor is this the only trouble with such specialization. It overlooks also the fact THAT THE PERSON AS A WHOLE is something different from a collection of viscera; THE WHOLENESS GIVES SOME EXTRA, IF INDEFINABLE, QUALITY TO THE INDIVIDUAL ORGANS. TODAY WE PAY FOR OUR KNOWLEDGE OF THE PARTS IN IGNORANCE OF THE WHOLE."

A single organic "specialist" is one who glues his mind to ONE PART, little realizing it IS a part of the whole of man. A specialist is one who knows more and more about less and less, and fails in all of them to get sick people well. Any ONE organ "cannot be studied . . . without knowing ABOUT THE FORCES WHICH ACT UPON IT FROM OTHER PARTS OF THE BODY." To do so, "overlooks the fact THAT THE PERSON AS A WHOLE is something different . . . the wholeness gives SOME EXTRA, IF INDEFINABLE, QUALITY TO THE INDIVIDUAL ORGANS," therefore, today they "pay . . . for knowledge OF THE PARTS IN IGNORANCE OF THE WHOLE."

"By this approach, specialism perpetuates itself in medicine. We have different doctors for asthma, diabetes, cancer, and brain tumors because the knowledge of the specialist in one of these diseases has no bearing on another. HAD WE A GRASP OF UNDERLYING PRINCIPLES IN MEDICINE A PHYSICIAN WOULD FEEL EQUALLY AT EASE WITH ANY OF THESE CONDITIONS. YET THE SPECIALIST STUDYING ONE ORGAN OR ONE DISEASE IS UNABLE TO LIBERATE HIMSELF BY THE DETECTION OF PRINCIPLES COMMON TO ALL ORGANS AND ALL DISEASES. Specialism is a necessary evil of modern medicine but is not a necessary accompaniment of THE GOOD MEDICINE OF THE FUTURE."

If medicine had a simple and single knowledge internal principle and practice of some "underlying principles . . . a physician WOULD feel equally at ease WITH ANY of these conditions." Chiropractic supplies that "underlying principle—and practice"; for the medical man "is UNABLE to liberate himself BY THE DETECTION OF PRINCIPLES COMMON TO ALL ORGANS AND ALL DISEASES."

"Furthermore, the training required of physicians must be broadened and liberalized. In the past thirty years IT HAS BECOME MORE AND MORE TECHNICAL, THOUGH NOT NECESSARILY MORE SCIENTIFIC. Studies which might humanize the students are jostled aside to make room FOR COURSES SO RESTRICTED in content as to make him, frequently, a sort of SCIENTIFIC BARBARIAN, unaware of the truth of Professor Clark Kennedy's dictum: 'In medicine we are bound to deal with human life and experience as a whole, and half the art of medicine is to adopt a reasonable and PRACTICAL ATTITUDE TO THE UNKNOWN.' In ancient Greece the doctor was primarily a philosopher and secondarily a physician. He was first a student OF NATURE, and secondly a student OF NATURE PERVERTED BY DISEASE.

Despite the great technical advances of our day, the future of medicine may well depend upon the training of physicians who will be once more humanists and biologists, as well as chemists and physicists."

Dr. Stevenson has studied how to swim a gigantic medical whirlpool. He feels the dangers of trying to extricate himself by trying to swim out of its evils. He stated its depth, length and width. He sees solid land somewhere off in the distance, to which he desires to swim. He does not know where to begin, what to do, to reach safe land. He would be in clover if he knew the fundamentals of Chiropractic.

Note the relevant, yet irrelevant remarks, such as:

"interferes with NATURE"

"he removes himself FROM NATURE"

"It is only by observing the experiments OF NATURE that we shall learn the secrets of biological life"

"Man who is the servant OF NATURE"

"He was first a student OF NATURE and secondly a student OF NATURE perverted by disease."

WHERE is "nature"?

Is IT Inside or outside man?

HOW does "nature" make life live in matter?

Does "nature" enter the body thru artificially manufactured vaccines, proprietary medicines, injections, pills?

Does "nature" come in bottles, taken by teaspoon, following a latin prescription to a druggist?

WHAT are these "experiments of nature" man should observe?

Are these "secrets of biological life" so hidden, concealed, that they cannot be revealed?

If man "is THE SERVANT," then "nature" must be THE MASTER.

Can "the servant" order or force THE MASTER to do what "THE SERVANT" thinks?

Man FIRST should be a "STUDENT OF NATURE" and SECONDLY he should be "a STUDENT OF NATURE," where "NATURE" has been "PERVERTED BY DISEASE."

What are these "SECRETS OF NATURE" when man IS WELL?

Are they INSIDE his body, or "OUTSIDE"?

If they are INSIDE when he is WELL, are they OUTSIDE when he is sick?

If "nature" has INSIDE "SECRETS" which work when he IS WELL, WHY do they refuse to work when he IS SICK?

WHY does another person OUTSIDE have to manufacture OUTSIDE ARTIFICIAL SUBSTITUTES to try to correct INTERNAL "secrets OF NATURE"?

If the INSIDE "SECRETS" are all-sufficient when man IS WELL, why are they a total failure when he IS SICK?

If the INSIDE "SECRETS OF NATURE" are all-sufficient when he IS WELL, it would be wise to let them work just as efficiently WHEN HE IS SICK!

If "NATURE" is sufficiently all-important in living WELL man, why is "NATURE" totally absent in the medical mind, that ignores it?

Is it consistent, or inconsistent, for MEDICAL MEN to mysteriously say "NATURE cures," *and deny* that statement, IN PRACTICE, by giving countless DRUGS, HOPING THEY accomplish THAT END?

Is "NATURE" a vague something that just happened a million years ago; something that governs suns, moons, and stars, that keeps them in space?

Is "nature" a tangible reality found in the world at large; and intangible IN LIVING THINGS that it gave birth, directs, throughout life and leaves the body at death?

If it is IN animals, fish, birds, germs and even to lowly man, it would be better to study THE "NATURE" IN EACH OF US MORE, AND THE DIS-EASES IT LOSES CONTROL OF, LESS.

This man may have the courage to do original thinking. Some day he may hear about a true and honest understanding of what Chiropractic HAS solved. Will he? He has a hard road ahead of him. He admits failures of medicine; he doesn't know where to turn, what to seek; he is in the middle of a muddle. If he should investigate Chiropractic, could he and would he accept it? Could he throw out the old and embrace the new? And, if HE did, would he be able to pass on what HE found to others of HIS profession?

THE BEST TIME OF DAY FOR CTP-NCM-NCGH FULL-SPINE CHECK READINGS

Contourographs, recorded on contourographometer, on hundreds of adult cases, over a period of years, shows average person averages anywhere from one inch to one and one-half inches taller in morning and one inch to one and one-half inches shorter in evening upon retiring.

Comparisons of research of full-spine conturographs, plus full-spine NCM-NCGH records on a large number of cases, over a long period of time, proves the following:

1. Sleep, prone, relaxes spinal muscles and intervertebral discs and **lengthens** the spine.

2. Because of upright position, day-times, gravitation, **shortens** the spine.

3. Full-spine NCM-NCGH readings, are **fewer** in number and **less** in degree in early morning.

4. Full-spine NCM-NCGH readings are **more** in number and **larger** in degree late in evening.

5. There are differing variables, from day to day, if we read a case at 7 a.m. Monday, 7 p.m. Tuesday, and at noon Wednesday.

6. Because of these fluctuations, **where and when** to adjust might seriously vary if we permitted patients to "drop in any time it is convenient" between 7 a.m. and 9 p.m., from day to day.

7. Upon these factors determines when and where **we might** adjust when we shouldn't; or, **might not** adjust when we should.

8. For this reason, in The BJP CC, we take all NCM-NCGH full-spine pre and post check readings DURING NOON PERIOD BETWEEN 12 and 2, to secure a consistent average accuracy split-day constant.

THE COMMON DENOMINATOR —THE UNIVERSAL CONSTANT —THE INTERNAL ETERNAL HUMAN LAW

ALWAYS present, personifying life,
In white, colored, yellow or red skinned people,
Eskimos at North Pole, or Brazilian at Equator,
On mountain top, or Saraha Desert,
Savage or civilized,
Pauper or millionaire,
On land or sea,

Devout Christian, Buddhist, Mohammedan or no religion at all.
An atheist, infidel or agnostic,
Male or female—

There IS within EACH individual, one common INNATE INTELLIGENCE, which conceives, develops, gives birth, produces and re-produces, performs life-function within each, **in common, always** alike, TO **all** alike.

ONE simple living principle, ONE simple health restoration practice; ONE simple INTERNAL cause and cure for EVERY dis-ease, in ALL people, everywhere. All this because ONE COMMON DENOMINATOR is in ALL alike, organized alike, having functions in common.

Each has a backbone, subluxations, causing dis-ease—a common INTERNAL cause and cure ALIKE. NO variables in CAUSE AND CURE differing in one from another. Accidental concussions of forces CAUSE in all alike, has been correcting in all alike—that's HOW and WHY well people GET SICK, and GET WELL, without drugs—the so-called "miracles of nature." THIS cause and cure IS INTERNAL IN EVERY ONE ALIKE—the one **great common denominator** applies to ALL the human race, in ALL countries, regardless of so-called differences in status of lives.

It simplifies the complex, brings internal sickness problem to a relationship internal to each person alike.

It simplifies the exhaustless medical complex. That's what makes CHIROPRACTIC a universal service to mankind, and the CHIROPRACTOR a servant to Innate Intelligence common to ALL people INSIDE of mankind.

A chiropractor could travel to **any part** of the world, apply **his art** and get sick people well, without one word of inter-communicating language, or considering external variables of people.

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